



NUVISTA PHARMA LIMITED
MIRPUR DOHS, DHAKA, BANGLADESH

ADVERSE EVENT (AE) – FIRST REPORT FORM FOR NPL

Within **24 hours** of awareness of
Adverse Event related with **NPL**,
Please fill the form and send to CSO of NPL.

Mail:
Mirpur DOHS Cultural Centre (6th
Floor),
Road- 9, Mirpur DOHS, Pallabi
Dhaka-1216, Bangladesh

Phone: +8801313038041
Email:
pharmacovigilance@nuvistapharma.net

DATE OF AWARENESS(dd.mm.yy):

SUSPECT DRUG(Brand / Generic Name):

Strength with dose schedule if possible:

PATIENT INFORMATION (Please fill minimum one/two fields)

Initials/Identifier: Sex: ☐ Male ☐ Female Height (cm): Weight (kg):

Date of birth: Or age / age group (e.g., child, elderly) at onset:

ADVERSE EVENT

Date of onset: Date of resolution or duration: Ongoing ☐

Adverse Event (as reported):

Associated signs or symptoms (if applicable):

1. 2. 3.

Detailed description (based on chronological data), as reported:

REPORTER INFORMATION

Reporter type: ☐ Health Professional (specialty):
☐ Consumer/ Patient ☐ Other people (specify):

Reporter details: Name:
Address:
Telephone/ Mobile:
Country:

REPORT SENDER DETAILS

☐ Field Personnel ☐ Affiliate ☐ Other

Name:
Designation:
Address:
Country:
E-mail:
Telephone/Mobile:
Signature and Date:

For Corporate use (To be filled up by CSO of NPL)

CSO of NPL comments (if any):

Signature and Date: