



**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

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

Field Personnel Affiliate Other

CSO of NPL comments (if any):

Name:

Designation:

Address:

Country:

E-mail:

Telephone/Mobile:

Signature and Date:

Signature and Date: