

SUSPECTED ADVERSE REACTION DATE ____/____/____	Time between administration and event in <u>minutes, hours or days</u> _____	Number treated _____ Number reacted _____ Number dead _____	Duration of the adverse reaction in <u>minutes, hours or days</u> _____
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DESCRIPTION OF THE EVENT (*Safety issues in animals or Safety issues in humans/Lack of expected efficacy/Withdrawal period issues/Environmental problems*)

Indicate also if the reaction has been treated, how and with what and what was the result?

OTHER RELEVANT DATA (ATTACH FURTHER PAPERS IF NECESSARY e.g. investigations carried out or ongoing, a copy of medical report for human cases)

HUMAN CASE

If the reported case refers to a human being, please also complete the details of exposure below

- Contact with treated animal
- Oral ingestion
- Topical exposure
- Ocular exposure
- Injection exposure finger hand joint other
- Other (deliberate....)

Exposure dose: _____

If you do not agree that your name and address are send to the MAH, please tick the box

Date: _____ **Place:** _____ **Name and signature of sender:** _____

Contact point (phone) (if different from the number on page 1)