

Send completed report via email [to: Patient.Safety@Calliditas.com](mailto:Patient.Safety@Calliditas.com)

or via fax to +49 (621) 5705971 (Germany) / +1 978 338 0668 (USA)

Telephone number (USA): +1 844-IGA-0011 (+1 844-442-0011)

Reporter			
<input type="checkbox"/> Physician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Patient <input type="checkbox"/> Other
Name:		Street:	
Phone #:		City:	State:
Email:		Zip Code:	Country:
Date AE was reported by reporter:		Reference no.:	

Product	
Drug Name:	Lot/batch number:
Indication for use:	Expiration date:
Dosage:	Start date:
Route of administration:	Stop date:
Action taken with drug due to event: <input type="checkbox"/> Drug withdrawn <input type="checkbox"/> Dose reduced <input type="checkbox"/> Dose increased <input type="checkbox"/> Dose not changed <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	

Patient Information	
Initials (first, last):	
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	height:            in cm    weight:            in kg
Date of Birth or Age at time of event:	
Pregnancy: <input type="checkbox"/> no <input type="checkbox"/> yes,    week	
Does the patient / consumer take part in any Calliditas program / study? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	
Address of treating physician:	
Permission obtained to contact the patient's healthcare provider: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Medical History

Adverse Event Description		
Start Date:	Stop Date:	Duration (If exact dates are not available):
Outcome: <input type="checkbox"/> recovered <input type="checkbox"/> recovering <input type="checkbox"/> not recovered <input type="checkbox"/> recovered with sequelae <input type="checkbox"/> unknown <input type="checkbox"/> fatal		
Causality to suspected Calliditas drug: <input type="checkbox"/> related <input type="checkbox"/> probable <input type="checkbox"/> possible <input type="checkbox"/> unlikely <input type="checkbox"/> not reported <input type="checkbox"/> not assessable		

Concomitant Medication (do not list drugs to treat the adverse event)				
Name	Dose	Start	Stop	Indication

Additional Information / Comments