Please fill in as much information as you have. Even an incomplete report is useful. All information is kept strictly confidential.

A. PATIENT INFORMATION

Patient initials: _____ Age / Date of birth: _____ Weight (kg): _____

Gender: ☐ Male ☐ Female ☐ Other

Pregnant (if applicable): ☐ Yes ☐ No ☐ Not known

B. ADVERSE EVENT / REACTION

Date event started: _____ Date event stopped: _____

Describe the event (symptoms, severity, how it was treated):

Seriousness: ☐ Death ☐ Life-threatening ☐ Hospitalisation ☐ Disability
☐ Congenital anomaly ☐ Other medically important ☐ Non-serious

Outcome: ☐ Recovered ☐ Recovering ☐ Not recovered ☐ Recovered with sequelae ☐ Fatal ☐ Unknown

C. SUSPECTED SAPHNIX PRODUCT(S)

Brand name	Batch no.	Expiry	Dose & frequency	Route	Start date	Stop date	Reason for use

Action taken with the product: ☐ Stopped ☐ Dose reduced ☐ Dose increased ☐ Unchanged ☐ Unknown

Did the reaction reduce after stopping? ☐ Yes ☐ No ☐ N/A

Did the reaction reappear on restarting? ☐ Yes ☐ No ☐ N/A

D. OTHER MEDICINES TAKEN (including OTC, herbal, supplements)

Name, dose, route and dates of use:

E. RELEVANT MEDICAL HISTORY

Allergies, existing conditions, pregnancy, alcohol/smoking, kidney or liver problems, relevant lab results:

F. REPORTER INFORMATION

Name: _____ Occupation: _____

Reporter is: ☐ Patient ☐ Doctor ☐ Pharmacist ☐ Nurse ☐ Distributor ☐ Other

Address: _____

City / State: _____ PIN: _____

Phone: _____ Email: _____

May we contact you for follow-up? ☐ Yes ☐ No

Signature: _____ Date of report: _____

FOR OFFICE USE ONLY

Report ID: _____ Date received: _____ Received by: _____

How to submit

1. Email a scanned copy or photo of this form to saphnixlifesci@gmail.com (subject: Adverse Event Report).
2. Or call +91 81466 61517 / +91 98824 64125 and our team will record the details with you.
3. Keep the product pack / strip if possible - the batch number helps us investigate.

Your identity and the patient's identity will be kept confidential.