



REPUBLIC OF LIBERIA
LIBERIA MEDICINES & HEALTH PRODUCTS REGULATORY (LMHRA)
NATIONAL PHARMACOVIGILANCE CENTER
SUSPECTED ADVERSE DRUGS REACTION REPORTING
VP ROAD, OLD ROAD, SINKOR, MONROVIA, LIBERIA



Tel: +231 (0) 886 530 270 email: jgoteh@gmail.com / libmhra@gmail.com; website: www.lmhra.org

(A) PATIENT INFORMATION
 Patient Initials: _____ Age: _____ Sex: _____ Weight(Kg): _____ Height(ft) : _____
 Description of ADR

Narrative of Adverse Reaction	Description of Medicine(s)	Medical History

B. MEDICATION(S) / PRODUCT (S) USED DURING THE PERIOD

Name of Item (INN And Branded)	If Vaccine	Batch No.	Manufacturer	Dose Used	Route of Administration	Date Of Treatment		Motive of treatment
						Started	Ended	

Check if: Self-medication Pharmacodependence Therapeutic error
 Vaccine Batch No. _____ Diluent Batch No. _____ NOTE: **Extra information about campaign needed in this field**
 Place of vaccination _____ Public Private Campaign Date: _____

(C) SUSPECTED ADVERSE REACTIONS

Adverse Reaction Term	Description of drug reaction

Time of onset _____ minutes/hours/days/month

Seriousness of the reaction:

<input type="checkbox"/> Death (dd/mm/yy) _____	<input type="checkbox"/> Disability
<input type="checkbox"/> Life threatening	<input type="checkbox"/> Required intervention to permanent impairment or damage
<input type="checkbox"/> Hospitalization –initial or prolonged	<input type="checkbox"/> Others

Action Taken: Additional information needed in this field below for Action Taken

(D) OUTCOMES

<input type="checkbox"/> Fatal	<input type="checkbox"/> Continuing	<input type="checkbox"/> Recovering
<input type="checkbox"/> Recovered (Date : _____)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Others (Specify) _____

Name of Reporter _____ Phone No.: _____
 Physician Pharmacist Physician Assistant Nurse Midwife Others (Specify) _____
 Email Address: _____ County : _____ District: _____
 Health Facility: _____ Department: _____
 Date: _____ Signature: _____

"Thanks For Taking Your Time To Report"