

REPORT OF SUSPECTED ADVERSE DRUG REACTIONS

If you suspect an adverse reaction may be related to one or more drugs/vaccines/complementary remedies, please complete this Yellow Card. See 'Adverse reactions to drugs' section in the British National Formulary (BNF) or www.mhra.gov.uk/yellowcard for guidance. Do not be put off reporting because some details are not known.

PATIENT DETAILS Patient Initials: _____ Sex: M / F Is the patient pregnant? Y / N Ethnicity: _____
 Age (at time of reaction): _____ Weight (kg): _____ Identification number (e.g. Practice or Hospital Ref): _____

SUSPECTED DRUG(S)/VACCINE(S)

Drug/Vaccine (Brand if known)	Batch	Route	Dosage	Date started	Date stopped	Prescribed for
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SUSPECTED REACTION(S)

Please describe the reaction(s) and any treatment given. (Please attach additional pages if necessary):

Outcome

Recovered
 Recovering
 Continuing
 Other

Date reaction(s) started: _____ Date reaction(s) stopped: _____

Do you consider the reactions to be serious? Yes / No

If yes, please indicate why the reaction is considered to be serious (please tick all that apply):

Patient died due to reaction Involved or prolonged inpatient hospitalisation
 Life threatening Involved persistent or significant disability or incapacity
 Congenital abnormality Medically significant; please give details: _____

If the reactions were not serious according to the categories above, how bad was the suspected reaction?

Mild Unpleasant, but did not affect everyday activities Bad enough to affect everyday activities

OTHER DRUG(S) (including self-medication and complementary remedies)

Did the patient take any other medicines/vaccines/complementary remedies in the last 3 months prior to the reaction? Yes / No

If yes, please give the following information if known:

Drug/Vaccine (Brand if known)	Batch	Route	Dosage	Date started	Date stopped	Prescribed for
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional relevant information e.g. medical history, test results, known allergies, rechallenge (if performed). For reactions relating to use of a medicine during pregnancy please state all other drugs taken during pregnancy, the last menstrual period, information on previous pregnancies, ultrasound scans, any delivery complications, birth defects or developmental concerns.

Please list any medicines obtained from the internet:
REPORTER DETAILS

Name and Professional Address: _____

Postcode: _____ Tel No: _____

Email: _____

Speciality: _____

Signature: _____ Date: _____

CLINICIAN (if not the reporter)

Name and Professional Address: _____

Postcode: _____ Tel No: _____

Email: _____

Speciality: _____

Date: _____

Information on adverse drug reactions received by the MHRA can be downloaded at www.mhra.gov.uk/daps
 Stay up-to-date on the latest advice for the safe use of medicines with our monthly bulletin *Drug Safety Update* at www.mhra.gov.uk/drugsafetyupdate

FREEPOST YELLOW CARD

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GUIDELINES FOR YELLOW CARD REPORTING

Please use the Yellow Card Scheme to tell us about:

- **All** suspected adverse drug reactions **for new medicines** - identified by the black triangle ▼ symbol
- **All** suspected adverse drug reactions occurring **in children**, even if a medicine has been used off-label
- **All serious*** suspected adverse drug reactions for established vaccines and medicines, including unlicensed medicines, herbal remedies, and medicines used off-label
- **All medication errors** that **result in an adverse reaction**

*Reactions which are fatal, life-threatening, a congenital abnormality, disabling or incapacitating, result in or prolong hospitalisation, or medically significant are considered serious.

If you are unsure, please report anyway

For more information:

- Contact the Yellow Card Information Service on Freephone 0800 731 6789
- Visit the Yellow Card website – www.mhra.gov.uk/yellowcard

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