AHVLA Animal Health and Veterinary Laboratories Agency

Pharmacovigilance Reporting Form for Suspect Adverse Reactions - Wild Life Species (BVDP10)

Form to be completed and sent to Animal Health and Veterinary Laboratories Agency:

Person Responsible for Pharmacovigilance,
Quality Management Group,
Animal Health and Veterinary Laboratories Agency
Woodham Lane
Addlestone
Surrey
KT15 3NB

Date form completed by sender: (dd/mm/yy)
Type of report: Initial ☐ Follow-up ☐ (date, case number)
Person who reported the reaction: veterinarian ☐ contractor ☐ other:

VETERINARIAN / LAY VACCINATOR / OTHER
Name:
Address:
Telephone Number:

ANIMAL DATA		
No. of animals treated:	**No. of animals showing signs:**	**No. of animals died:**
Animal characteristics (animal(s) showing signs):		
Location of animals being treated:		
Species:		
Sex/physiological status: female ☐ male lactating ☐		
Weight (if known, in kilos): unknown ☐	Age: cub ☐ adult ☐ unknown ☐	
State of health at time of vaccination: good ☐ fair ☐ poor ☐ unknown ☐		

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PRODUCT DATA		
Vaccine Batch No.:	**Expiry date:**	**Storage details:**
Diluent Batch No.:	**Expiry date:**	
Trade name (include dosage form and strength):		**Marketing Authorisation number:**
Treatment details:		
Dose/frequency:	Route/site of administration:	
Date of vaccination	Who administered the product: veterinarian ☐ lay vaccinator ☐	
Used according to label:	yes ☐ unknown ☐ no ☐ explain:	

REACTION DATA (*applicable for all types of adverse reaction(s) reported following administration of veterinary product(s)*)		
Date of onset of signs:		
Duration of reaction:		
Describe the sequence or events including administration of product(s), all clinical signs, site of reaction, severity, pertinent lab tests, necropsy results, possible contributing factors (if necessary use extra sheet). Include details of treatment given to address this adverse reaction.		
Were the signs treated? **No** ☐ **Yes** ☐		
Outcome of reaction to date:		
	Killed/euthanised	**Died**
No. of animals:		
Date when:		

Comments:	

ATTENDING VETERINARIAN'S LEVEL OF SUSPICION THAT PRODUCT CAUSED REACTION

possible ☐ unlikely ☐ no attending vet ☐

PREVIOUS EXPOSURE AND REACTION(S) TO PRODUCT

Previous exposure to this product? no ☐ unknown ☐	Date(s):
Has the vaccine been used in this location before: no ☐ yes ☐ unknown ☐ Previous reaction to this product? no ☐ yes ☐ unknown ☐	Describe:

DETAILS OF SUSPECTED ADVERSE REACTION(S) IN HUMANS

Patient details Sex:	Age/date of birth:	Occupation (with relevance to exposure):

Date of exposure:	Nature of exposure: Accidental self injection no ☐ yes ☐ Describe details if not self injection:
Date of reaction:	Medical attention sought: no ☐ yes ☐ Date medical attention sought: :

Nature and duration of exposure, reaction details (including symptoms),outcome and medical advice received: