**Collection sheet Pharmacovigilance**

Send it: …………………………………….

**TRANSMITTER OF THE APPEAL**

Name : ……………………………………………. First name : ……………………………………………………………

Address : ………………………………………….. Quality :

…………………………………………………….... ⬜ Veterinary

…………………………………………………….... ⬜ Doctor

…………………………………………………….... ⬜ Pharmacist

Phone : …………………………………………… ⬜ Other health professional

Fax : ……………………………………………….. (Specify : ……………………………………………….)

Gsm : ……………………………………………… ⬜ Patient

E-mail : ……………………………………………. ⬜ Other (Specify: …………………………………...)

**PATIENT**

**Specify : Race :**

**(If human impact, initial)**

Name : First name : Sex : ⬜ M ⬜ F Age : …………………………

Related Pathologies:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**PRODUCT: STIMUFOL**

Batch number: ……………………………………………………………………………………………………………………………….

Daily dosage: ………………..……………………………………………………………………………………………………………….

Time of treatment : ………………………………………………………………………………………………………………………………………

**CONCURRENT MEDICINES**

…………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….…

**UNDESIRABLE EFFECT: Date of occurrence : …..…/………. /………....**

**Description and notification of notifier:** ……………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………….

**Has the reaction been treated ? Evolution of the reaction : Treatment start date Treatment end date**

**Challenge? Rechallenge? Serious effect: Yes ⬜ No ⬜**

PRODUCT INFORMATION REQUEST**:**

……………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………..

To send us by mail : [info@reprobiol.be](mailto:info@reprobiol.be)

Or by post : Reprobiol SPRL, rue Pelé-Bois, 20, 4590 Ouffet, Belgique