

Patient Nº6 2024/08/12 16:06:52



	of the notification			
4ццц				
Name of the healthca	are facility or organisation of the source of	f the notification		
кк				
Qualification of the so	ource of the notification			
druggist				
Do you agree to be co	ontacted regarding this notification?			
Yes				
		E-mail	fdsg@df.df	
Phone	+38(011) 111-1111			
Phone Country of form filling				

Patient initials Ba				
Gender (at birth) female				
Weight	4	Height	4	
Age (at the time of the reaction)	4	Age unit	Months	
Treatment	outpatient	Age group		
the term, etc.)	ergies, including drug all	lergies, renal, hepatic, cardiac dysfu	nction, surgeries, pregnancy, with indic	cation of
No Detailing the anamnesis			nction, surgeries, pregnancy, with indic	cation of
No Detailing the anamnesis Information in case			nction, surgeries, pregnancy, with indic	cation of
the term, etc.) No Detailing the anamnesis  Information in case  Date of death			nction, surgeries, pregnancy, with indic	cation of
General medical information (allethe term, etc.)  No  Detailing the anamnesis  Information in case  Date of death  Cause of death  Was an autopsy performed?			nction, surgeries, pregnancy, with indic	cation of

Date of receipt of case information	
2024-08-06	
Country of form filling	
American Samoa	
Country of occurrence of the case	
Antarctica	
Consequence of the adverse reaction or lack of efficacy (select from the following)	
recovery	
Other	

Trade name				
dsf				
Form of issue	Effervescent tablets	Series	sdf	
Expiry date				
2024-08-01				
Indications for use				
sdf				
Method of administration				
Dose		Multiplicity		

Description of the case of adverse reaction or indication	on of lack of efficacy.	
Date and time of onset of adverse reaction or lack of e	fficacy	
At the time of filling out the form, has the manifestatio	on of PR/Lack of Effectiveness ende	d?
Date and time of the end of the adverse reaction or lac	ck of efficacy	
Date and time of expiry of the PR/Lack of effectiveness	S	
Consequence of PR/Lack of effectiveness		
Was the adverse reaction or lack of efficacy corrected?	?	
Indicate the medications used for correction, the time	dependence, and the result of the	correction
Time interval from the start of med-s cation to the onset of PR	Time	minutes
Were there concomitant medicines not related to the rof chronic diseases, etc.)?	manifestation and correction of the	adverse reaction or lack of efficacy (e.g. treatment
Indicate the drug, drug product, dose, time dependen	ce, route of administration and indi	cations