

Adverse Event Report

Pharmacovigilance
 United States Department of Agriculture
 Center for Veterinary biologics
 510 South 17th Street, Suite 104
 Ames, IA 50010
 Phone: (515)232-5785 FAX: (515)232-7120

*Required Fields

Product information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (ESt. No.) or Manufacturer Name	Serial (lot) Number	Type of Product ¹
1			
2			
3			
4			

1. Type of Product (select one for each product) = Viral, Bacterial, Combination, Antibody, Coccidia, Immunomodulator, Protozoa, Recombinant, Rickettsia, Other, or Do Not Know.

Administration of products

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				
Administered by: ²			*Date of Product Use (MM/DD/YYYY):	
Concurrent Drugs or Procedures:				

2. Administered by (select one) = Veterinarian or Veterinary staff or Nonveterinarian

Event Information

*Event description: ³
Explain the event description and treatment in a concise paragraph:

3. Event description (select one) = Anaphylaxis -hypersensitivity, autoimmune, birth defect, lack of expected efficacy, local, neoplasia, reproductive, systemic, other

Onset (How long after product use did the event begin?) : (Specify whether units are in mins,hrs, days, wks, mos, yrs)

Attending veterinarian's level of suspicion that product caused event: High Medium Low Not Listed	*Outcome: (Select One) Recovered without treatment Recovered with treatment Did not recover Died Other
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Animal Information

Case identification number:		
*Species ⁴	Breed:	Age (i.e., 2 yrs or 2 mos):
Sex: (male, female , not listed)	For animals handled in a group (herd, litter, etc)	
Neutered: (yes, no, not listed)	Number in group: _____	Number affected: _____
	Number vaccinated: _____	Number dead: _____

4. Species (Select One) = Porcine, Bovine, Canine, Feline, Ferret, Ovine, Caprine, Equine, Exotic, Fish, Poultry, or Other

History and Enviroment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc)
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Personal Information

Veterinarian	Owner
*Name:	Name:
Address:	Address:
City: State	City: State:
Zip: FAX:	Zip:
*Phone:	Phone:
E-mail:	E-mail:

Submitter's information

This event has been reported to the manufacturer(s): (Select one) = yes or no	
*Submitter's first name:	*Submitter's last name:
*Submitter's phone number:	* Today's Date:
Relationship to animal: ⁵	

5. Relationship to animal (select one) = veterinarian, owner, other, not listed)

For internal use:

Product Code	Other comment(s):
1.	
2.	
3.	
4.	