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)**

<table>
<thead>
<tr>
<th>Drug/Vaccine (Brand if known)</th>
<th>Batch</th>
<th>Route</th>
<th>Dosage</th>
<th>Date started</th>
<th>Date stopped</th>
<th>Prescribed for</th>
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**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

- **Patient died due to reaction**
- **Life threatening**
- **Involved or prolonged inpatient hospitalisation**
- **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:

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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

Please attach additional pages if necessary. Send to: FREEPOST YELLOW CARD (no other address details required)
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

FREEPOST YELLOW CARD