F10 PRODUCTS

VETERINARY ADVERSE DRUG REACTION Requirement as per FDA Emergency Use Authorization for New World Screw Worm

www.f10products.com
email: info@f10products.com
USA/Canada users Toll free: 1 (800)517 4705

SENDER INFORMATION

First Name	Last Name	Street Address	City
State or Province	Postal/ZIP Code	Country	Telephone Number
Telephone Number (Other)	Email Address		
Sender Category	Veterinarian ☐	Animal Owner ☐	Other ☐
	Sender Previously Reported to the Manufacturer? ☐ Yes ☐ No If Yes, provide the Manufacturer's Case Number:		
Preferred Method of Contact ☐ Telephone ☐ Email			

HEALTH CARE PROFESSIONAL INFORMATION *(If different from Sender Information)*

First Name	Last Name	Street Address	City
State or Province	Postal/ZIP Code	Country	Telephone Number
Telephone Number (Other)	Email Address		

OWNER INFORMATION *(if different from Sender information)*

First Name	Last Name	Street Address	City
State or Province	Postal/ZIP Code	Country	Telephone Number
Telephone Number (Other)	Email Address		

PRODUCT USE INFORMATION FOR SUSPECTED PRODUCT

Name of Suspected Product
Diagnosis and/or Reason for Use of the Product

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Dosage Form (Liquid, topical, etc.)	Date of First Exposure	Date of Last Exposure

Duration of Product Use	

Dose Administered

Interval of Administration (Frequency)

Route of Administration

Product Administered by ☐ Veterinarian/Staff ☐ Owner ☐ Other

Lot Number	Expiration Date

ADVERSE EVENT INFORMATION

Veterinarian's Level of Suspicion that Product Caused the Adverse Event ☐ High ☐ Medium ☐ Low ☐ Unknown

Treatment of Adverse Event (Describe briefly)

Did Adverse Event Abate After Stopping the Product? ☐ Yes ☐ No ☐ Not Applicable	Did Adverse Event Reappear After Reintroduction of the Product? ☐ Yes ☐ No ☐ Not Applicable
Outcome ☐ Recovered ☐ Died ☐ Other	

SPECIES AND RELATED INFORMATION

Species						
☐ Budgerigar	☐ Cat	☐ Cattle	☐ Cockatiel	☐ Cockatoo	☐ Dog	☐ Ferret
☐ Goat	☐ Guinea Pig	☐ Horse	☐ Parrot	☐ Pig	☐ Rabbit	☐ Sheep
☐ Other (Specify):						

Breed	Gender: ☐ Male ☐ Female ☐ Male Neutered ☐ Female Neutered
Age	Weight

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OVERALL HEALTH STATUS WHEN SUSPECTED PRODUCT GIVEN	
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Critical	Number of Animals Treated
	Number of Animals Affected

ADVERSE EVENT OCCURRENCE

Date of Onset of Adverse Event	
Length of Time Between First Exposure to Suspected Product(s) and Onset of Adverse Event	Length of Time Between Last Administration of Suspected Product(s) and Onset of Adverse Event
When the Adverse Event Occurred, Treatment with Suspected Product: ☐ Had already been completed ☐ Was discontinued ☐ Was discontinued and replaced with another product ☐ Was discontinued and reintroduced later ☐ Was continued at an altered dose ☐ Other:	

DOCUMENT INFORMATION

Attached Document Name (Filename if Electronic)
Attached Document Description
Attached Document Name (Filename if Electronic)
Attached Document Description
Attached Document Name (Filename if Electronic)
Attached Document Description

CONCURRENT CLINICAL PROBLEM(S)

Were there concurrent clinical problems?
☐ Yes ☐ No ☐ Do not know ☐ None

List concurrent clinical problem(s)

Concurrent Product Information *(Excluding Treatment of Current Event)*

Please provide name(s), dose(s), interval(s), date(s) of treatment(s), and other relevant information to describe other products that the patient was taking at the time of the event. Either copy this section as needed (you may fill out this section in other copies of the form) or provide comments in the long narrative section that follows this one.

Were concurrent products administered? ☐ Yes ☐ No ☐ Do not know ☐ None

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List Names of Concurrent Products Administered	
Date of First Exposure	Date of Last Exposure
Duration of Product Use	

ADVERSE EVENT/PRODUCT PROBLEM/EVENT USE ERROR *(Long Narrative)*

Describe the Adverse Event/Product Problem/Event Use Error

Submit