



**PANDEMIC H1N1 VACCINE
ADVERSE REACTION REPORT FORM
IN CONFIDENCE**

**PLEASE SEND TO:-
FREEPOST
PHARMACOVIGILANCE SECTION
IRISH MEDICINES BOARD
EARLSFORT CENTRE
EARLSFORT TERRACE
DUBLIN 2**

**Telephone: 353-1-6764971
Fax: 353-1-6762517
E-mail: imbpharmacovigilance@imb.ie**

REPORTERS NAME & ADDRESS:

Telephone: _____
Email: _____

I am a:
Healthcare Professional Specify: _____
Consumer/Patient
Other Specify: _____

Patient Initials/Record Number:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Suspect Product:			
<input type="checkbox"/> H1N1 Swine Flu Vaccine Baxter (Celvapan) <input type="checkbox"/> H1N1 Swine Flu Vaccine GSK (Pandemrix) <input type="checkbox"/> H1N1 Swine Flu Vaccine Novartis (Focetria) <input type="checkbox"/> H1N1 Swine Flu Vaccine Unknown Brand <input type="checkbox"/> OTHER (please specify):			
Dose:	Route of administration:	Batch No.:	Vaccination Dates: 1 st Vaccination: 2 nd Vaccination:
Adverse Reaction(s) :			
Suspected Reaction(s):			
Time to onset:	Onset of Reaction: (date)	Duration of Reaction:	
Treatment Given:			
Recovery from Side Effects: Complete <input type="checkbox"/> Continuing <input type="checkbox"/> Fatal <input type="checkbox"/> Unknown <input type="checkbox"/>			

