Appendix 3

USP PRACTITIONERS' REPORTING NETWORK℠

The Veterinary Practitioners' Reporting Program is presented in cooperation with the American Veterinary Medical Association (AVMA)

1. Describe the reaction, problem, or medication error. Attach separate sheet if necessary.

2. Please complete the following for all suspected products relevant to the problem:

	Product 1	Product 2	Product 3
Brand name			
Generic name			
Manufacturer			
Labeler (if different)			
Dosage form			
Strength/concentration			
Lot/serial no. & Exp. date			

Please provide appropriate information for each product (see product label):

Biologics: US Vet. Lic. No.			
Product Code			
Drugs: (A)NADA or NDC			
Pesticides: EPA Reg. No.			

Complete numbers 3–14 in the boxed area to report an adverse event. Skip to page #15 for other problems.

3. Date of product administration:

4. Date of onset of adverse event:

5. Animal/Case ID:

6. Reason for product usage:

7. Administered by: ❑ Veterinarian ❑ Technician ❑ Owner ❑ Other _____

8. Product administration
Dose & interval: _____ Length of treatment: _____
Route: _____ Site: _____
For herds, flocks, litters, etc., number of animals treated: _____
Concurrent procedures and clinical problems/other products administered:

9. Species:

10. Breed:

11. Age:

12. Sex:

13. Weight: _____ lb/kg

14. Reaction/Problem information

a. Number of affected animals described in this report: _____

b. Overall state of health at time of product administration:
❑ Good ❑ Fair ❑ Poor ❑ Critical

c. Approximate time between the initial administration of the suspected product and the onset of reaction: _____

d. Approximate time between last administration of suspected product and onset of reaction (if different from 14c): _____

e. When the reaction appeared, administration of suspected product:
❑ had already been completed
❑ was discontinued due to reaction
❑ was discontinued and replaced with another product
❑ was discontinued and reintroduced later
❑ was continued at altered dose

f. The reaction continued:
❑ until death
❑ other: _____
stopped:
❑ with specific treatment
❑ with nonspecific treatment
❑ with no treatment
recurred:
❑ (comment in item 1)

g. Was the reaction treated?
❑ No ❑ Yes (describe treatment in item 1)

h. Outcome:
❑ Recovered from reaction ❑ Other (comment in item 1)
❑ Died from reaction ❑ Euthanized due to this adverse event
❑ Euthanized/culled for other reasons (comment in item 1)
❑ Final outcome pending

i. Veterinarian's level of suspicion that product(s) caused the reaction:
❑ High ❑ Medium ❑ Low

j. Has the animal received this product in the past?
❑ No ❑ Yes ❑ Unknown If yes, describe reaction, if any, in item 1.

15. Reporter's name, title, and address:

Phone: _____ Fax: _____
E-mail: _____

16. If requested, will the actual product and/or case material involved be available for examination by the manufacturer or regulatory agency? **(Do not send samples to USP)** ❑ No ❑ Yes

17. This event has already been reported to:
❑ Manufacturer ❑ FDA ❑ USDA ❑ EPA ❑ Other: _____

17. A copy of your report is routinely sent to the manufacturer/labeler, to the appropriate regulatory agency (FDA, USDA, or EPA), and AVMA. USP may release my identity to: (check boxes that apply)
❑ The manufacturer and/or labeler as listed in item 2 ❑ Regulatory agency ❑ AVMA ❑ Other persons requesting a copy of this report ❑ None of these

Signature of reporter:

Date:

Return to the attention of:
Diane D. Cousins, R.Ph.
USP PRN®
12601 Twinbrook Parkway
Rockville, MD 20852-1790

Call Toll Free: 800-4-USP PRN (800-487-7776)
or FAX: 301-816-8532
USP home page: http://www.usp.org
Electronic reporting forms are available. Please call for additional information and/or your free diskette.

File Access Number:

Date Processed by USP:

To receive another reporting form using USP's on-demand faxback feature, call 800-487-7776, press 1, then enter #9401.

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