

SUSPECT ADVERSE REACTION REPORT												

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year	Years		Day	Month	Year	
MIHIR	INDIA	11	NOV	2001	22	MALE				
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) A 78-year-old male patient with high blood pressure, dyslipidemia, diabetes mellitus, and a recent diagnosis of essential thrombosis INVOLVED OR He reported of having recently suffered from nausea, tachycardia, tremor, loss of appetite, memory loss, and a significant decrease in his vision										<input checked="" type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY <input checked="" type="checkbox"/> LIFE THREATENING

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) Elanapril, Omeprazole		20 DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) 20	16. ROUTE(S) OF ADMINISTRATION	21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
17. INDICATION(S) FOR USE		
18. THERAPY DATES (from/to) From: July 25, 2023 To: Aug 25, 2023	19. THERAPY DURATION 1 Month	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergics, pregnancy with last month of period, etc.) He was referred for the first time to the Medicines Optimization Unit of a hospital in Costa Rica

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER PFIZER		
	24b. MFR CONTROL NO.	
24c. DATE RECEIVED BY MANUFACTURER 20th July, 2023	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT 25th July, 2023	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP	