CIOMS FORM

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		
		Day	Month	Year	Years		Day	Month	Year
PA	USA	14	8	90	25	M	1	1	15

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)

OVERDOSE [OVERDOSE]
Overdose on Centrum. Patient turned orange.

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ PATIENT DIED
- ☑ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
Centrum

20 DID REACTION ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☐ NA

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION	21. DID REACTION REAPPEAR AFTER REINTRODUCTION?
1 gram	Oral	☐ YES ☐ NO ☐ NA
17. INDICATION(S) FOR USE: Multivitamic goodness		
18. THERAPY DATES (from/to): 01/01/2014 to 01/01/2015	19. THERAPY DURATION: 1 year	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
Fish oil

23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergics, pregnancy with last month of period, etc.)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER
CentrumCentral
123 Centrum Circle Miami, FL 33029

	24b. MFR CONTROL NO.: 2015-MPI08141990
24c. DATE RECEIVED BY MANUFACTURER: 02/01/2015	24d. REPORT SOURCE: ☑ STUDY ☐ LITERATURE ☑ HEALTH PROFESSIONAL
DATE OF THIS REPORT: 03/01/2015	25a. REPORT TYPE: ☐ INITIAL ☑ FOLLOWUP