

Primary message card

for provision by the patient and/or his representative, organizations that represent the interests of patients, of the information about adverse reactions and/or absence of the efficacy while the use of the medicinal product, manufacturer/applicant

1. Patient information	
Full name (in capitals)	
Age	
Sex	
2. Information about suspect medicinal product	
Trade name (refer the package)	
Manufacturer (refer the package)	
Batch number (refer the package) combination of five digits (five, six or seven digits), applied on all package types.	
3. Description of adverse reaction or indication of absence of the efficacy	
Adverse reaction – any unfavorable negative reaction that arose when using the medicinal product at usual doses.	
Absence of the efficacy of the medicinal product – the absence of therapeutic effect of the medicinal product on the course and duration of the disease.	
4. Information on notifier	
Full name	
Professional occupation (Doctor, nurse, obstetrician, paramedic, qualified pharmaceutical chemist, pharmacist, other)	
Country	
Contact phone number	
E-mail:	
5. Other important information	

Date and time of fulfilling the card «____» hours; «____» _____ 20__ year.