USER GUIDE FOR ONLINE REPORTING

IMPORTANT NOTE:

*Please fill every section of the ADR web form. Kindly state '**none/nil/not applicable**' if necessary.*

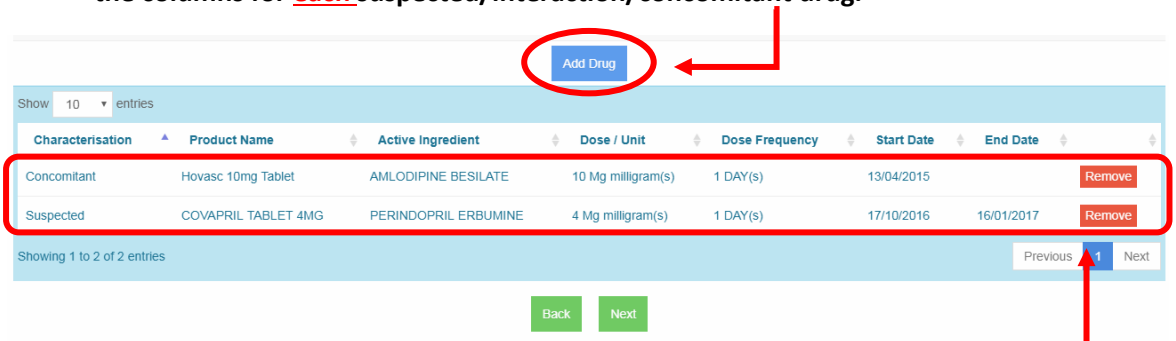
Section 1: Report Form	
FIELD(s)	**NOTES**
Report Type	**Initial report:** First submission of report to NPRA of a particular patient involving a particular ADR.
	Follow-up report: Submission of further reports related to the same case to inform of additional information not mentioned previously or which occurred after the initial report. *Please insert the **Initial Report Number** or mention **the date of initial report** at "Report Comment" column (under Section 7 : Reporter Information) for reference.*
Case Type	**Normal case** **Parent Child Case:** used primarily when a foetus/child has suffered the reaction after the parent has taken the drug, e.g.: exposure during pregnancy or through breastfeeding.

Section 2: Patient Demographic	
FIELD(s)	**NOTES**
Patient Initials	**Preferably full NRIC (without "-").**
Patient Age	**IMPORTANT NOTE:** ***Whole numbers only; no decimal points.***
Weight (kg)	
Height (cm)	

Section 6: Drug Details

IMPORTANT NOTE

1. **Remember! Please click the Add Drug button each time after you have completed all the columns for each suspected/interaction/concomitant drug.**



2. **Please check if the drug details have been added to the table as shown above.**

FIELD(s)	NOTES
Dose; **Dose Unit:**	**IMPORTANT NOTE:** ***Whole numbers only; no decimal points.*** **500 MG miligrams** ~~0.5 G grams~~ **500 µg micrograms** ~~0.5 MG miligrams~~
Dose Interval / Frequency; **Dose Interval / Frequency Unit**	OD: **1 DAY(s)** BD: **12 HOUR(s)** TDS: **8 HOUR(s)** QID: **6 HOUR(s)** STAT: *Please state "**STAT**" at the "Reporter Comment" Column* PRN: *Please state "**PRN**" at the "Reporter Comment" Column*
Cumulative Dose/day	**Total dose administered** to the patient between **therapy start date** until **first sign of the ADR**.
Indication	Please state the **specific** indication of the suspected drug e.g.: • '**pneumonia due to *S. Pneumoniae*'**- NOT 'infection' or 'antibiotic'; • '**lower back pain**'- NOT 'painkiller' or 'NSAID'.
Reaction reappeared after reintroducing suspected drug	If Yes (i.e. the ADR reappeared after reintroducing drug), please **describe the rechallenge fully** (**dose given, timing, brand used**, etc.) under Section 5 : Adverse Drug Reactions. **Rechallenge:** at least ONE (1) dose interval has been skipped with the patient recovering fully from the reaction(s) in that period.
Concomitant	If the patient **was NOT** taking any concomitant drugs, please state "**No concomitant drugs**" at the "*Reporter Comment*" Column.

Any further queries, please contact 03-7801 8466/ 7883 5464,
or email to fv@npra.gov.my with the subject line: [ADR Online Reporting].