KUSUM PHARM, LLC
Address: p/o box 22, Kyiv-02092, Ukraine
Tel: (044)4958287; (067)4340378 Fax: (044)4958287
Email: vigilance@gladpharm.com

Report № _____/_____
❑ initial ❑ final
(filled by Pharmacovigilance service)

REPORT OF LAW QUALITY OF PHARMACEUTICAL PRODUCT

ALL THE INFORMATION GIVEN BY YOU IS CONFIDENTIAL AND NON-DISCLOSABLE EXCEPT AS OTHERWISE PERMITTED BY LAW

INFORMATION ABOUT PATIENT

Full name:	
Sex:	❑ male ❑ female
Age:	

PHARMACEUTICAL PRODUCT (-S) OF LAW QUALITY

Trademark	International Nonproprietary Name	Pharmaceutical form	Series	Indications for use	Place of PP purchase (city, pharmacy)	Date of PP purchase

LAW QUALITY SIGNS OF PHARMACEUTICAL PRODUCT (-S)

Description of PP law quality signs

INFORMATION ABOUT REPORTER (person that informs about law quality of pharmaceutical product)

Full name:			
Occupation:	❑doctor ❑ pharmacist ❑ medical representative ❑ other (please specify):		
Address:			
Phone:		**E-mail:**	
Date of information receiving:		**Filling date:**	