

ADVERSE EVENT REPORT FORM



On completion of this form, please send within 24 hours of awareness to Pharmacovigilance@telixpharma.com or use the **Submit Form** button



SUBMIT FORM

Internal Use - Telix Awareness Date:	(dd-mmm-yyyy)
---	----------------------

Reporter Information

Reporter Name		Reporter Type	Please select
Institution Name			
Reporter Address Street, city, state, zip/postcode, country			
Email address			
Consent to follow-up	☐	Yes	☐ No ☐ Unknown

Patient Information

Initials		Sex	Please select
Date of birth (dd-mmm-yyyy)		Age	
Weight	Kg Lbs	Height	Cm Inches
Relevant medical history			

Telix Product Details

Product name		Dose	
Configuration (e.g. Config. A, B, C, etc.)		Date(s) of administration / therapy duration	
Indication for use		Location of injection	
Batch/ serial no		Expiry date	

Adverse Event/Safety Information

Adverse event experienced/ Special situation	Start date (dd-mmm-yyyy)	Stop date (dd-mmm-yyyy)	*Outcome	Treatment for event

***Outcome – 1 = Recovered, 2 = Not recovered, 3 = Recovered with sequelae, 4 = Death**

Further Information Regarding the Event

Provide details related to the event, e.g. laboratory tests, hospitalisations, interventions, concomitant medication, co-suspect drugs and any further relevant clinical information.

Sign to confirm that the information provided above is accurate

Form completed by	Signature	Date (dd-mmm-yyyy)
--------------------------	------------------	---------------------------

Privacy Notice: In order to handle your enquiry, we are required to record and maintain the data and personal information about you or your patients that you have provided to us. This may include your name and contact details, and eventually patient information, such as initials and medical need summary. The personal information will be processed for the purposes of dealing with your enquiry, complying with applicable laws (including pharmacovigilance obligations), related internal records keeping and reporting patient safety data to authorities. For more information, please consult our [Privacy Notice](#).