	Related Tool	Ref: RT_VS&PV_01b
AB SCIENCE	**ADVERSE EVENT REPORT FORM**	Version 2.0 13-Dec-2021

FORM TO BE SENT TO:

AB SCIENCE
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Fax : 33 1 47 20 10 82

EVENT TYPE	NAME AND ADRESS OF SENDER	SERIOUSNESS
☐ *Adverse reaction* ☐ *Lack of efficacy* ☐ *Off label use* ☐ *Environmental problems* ☐ *Infectious agent* ☐ *Residues*	Veterinarian ☐ Pharmacist ☐ Other ☐ Phone number: Fax number: E-mail:	☐ *Serious* ☐ *Not Serious* ☐ *Death* ☐ *Life threatening* ☐ *Significant disability* ☐ *Congenital anomaly* ☐ *Other important medical condition*

PATIENT(S) *Animal (s)* ☐ *Humain being(s)* ☐ *(for human beings, fill only age and sex bellow)*

Species	Breed	Sex	Statuts	Age/DOB	Weight (Kg)	Health status before start of Masivet
		F ☐ M ☐	Neutered ☐ Pregnant ☐ Intact ☐			☐ *Good* ☐ *Fair* ☐ *Poor* ☐ *Critical* ☐ *Unknown*

Medical history/Risk factors

SUSPECT DRUG (Masivet@)

Start date	Route	Dosage/Frequency	End date	Indication	Batch number- Expiry date

Masivet @ administered by: **Veterinarian** ☐ **Animal owner** ☐ **Other** ☐

VETERINARY MEDICINAL PRODUCTS ADMINISTERED BEFORE THE ADVERSE EVENT

(if more products are administered concurrently than the number of boxes available, please duplicate this form)

Medicinal Veterinary Product (VPM)	Route	Dosage/Frequency	Start date	Administered by: Veterinian/Animal owner/Other	End date	Indication

Has the Health Authorities (HA) been informed?

Yes ☐ No ☐

SUSPECTED ADVERSE REACTION DATE ____/____/____	Time between first administration and event _____	Number treated _____ Number reacted _____	Duration of adverse reaction _____

Evolution: Death ☐ **Euthanasia** ☐ **Recovered with sequelae** ☐ **Recovered without sequelae** ☐ **Ongoing** ☐
Date: ____/____/____

DESCRIPTION OF THE EVENT –
Indicate also if the reaction has been treated, how and with what was the result?

Causality assessment related to Masivet® and adverse reaction	Probable ☐ Possible ☐ Unclassified ☐ Unconclusive ☐ Unlikely ☐

Necropsie ☐ **File number :** **Investigations** ☐ **: .....**

OTHER RELEVANT DATA (attach further papers if necessary (e.g. Investigations carried out, copy of necropsy report (if available) copy of medical report for human beings exposure or ongoing)

HUMAN EXPOSURE CASE (if the reported case refers to human being, please also complete the details of exposure below.)

- Contact with treated animal ☐
- Oral ingestion ☐
- Topical expositionn ☐
- Others ☐

Exposure dose:

Date: **Place:** **Name and signature of sender:**

Contact point (phone) (if different from number given on page 1)

(*)AB Science, represented by its Chief Executive Officer, is responsible for personal data, intended to record and evaluate event reports of adverse events within the scope of veterinary pharmacovigilance defined in Articles R.5141-94 to R.5141-110 of the French Public Health Code).
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