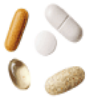
"PHARMWATCH"
MINISTRY OF HEALTH
DRUG MONITORING FORM

HEALTH CARE PROFESSIONALS

ENSURE

SAFER

PHARMACEUTICALS



PARTICIPATE IN THE DRUG MONITORING PROGRAMME

Report drug failure and adverse reactions with medications and suspected counterfeit product

An adverse reaction occurs when the patient outcome is:
Death, life-threatening (real risk of dying), hospitalization (initial or prolonged), disability (significant, persistent or permanent), congenital defect, permanent impairment, allergic reactions, gastrointestinal distress.

Report even if:

- You're not certain whether the product caused the adverse reaction
- You don't have all the details

Who can report?
Any health care professional (Physician, Pharmacist, Dentist, Nurse)
Any patient who has experienced an adverse drug reaction

Where to report:
After completing, please return this form to: Ministry of Health and Wellness
Standards and Regulation Division
The REIT Building
52 – 60 Grenada Crescent, Kingston 5
Email: Pharmwatch@moh.gov.jm

OR

Dr. Maxine Gossell-Williams
Department of Basic Medical Sciences
Pharmacology Section, University of the West Indies
Tel: 927-2216; fax 977-3823
Email: maxine.gossell@uwimona.edu.jm

For additional information or for reporting online please visit the Ministry of Health and Wellness's website at www.moh.gov.jm

What happens when the Form is submitted?

Any information provided in this form will be handled confidentially. The identities of the health care professional, patient or any other person reporting will be held in strict confidence and protected to the fullest extent. All reports will be assessed and causality analysis decided by Ministry of Health and Wellness in due course. It is the ultimate responsibility of MOHW to decide how to act on the information. It is also the responsibility of the Ministry to decide whether the incidences of reports will require further evaluation of drug performance. The Ministry will further provide the relevant pharmaceutical company with a summary of its findings and subsequent decision regarding intervention.

"PHARMWATCH" DRUG MONITORING FORM

A. PATIENT DETAILS

1.Patient Initials: (First, Last)	3.Gender: ☐ M ☐ F	3. Date of Birth / Age: (yyyy/mm/dd)	4. Ethnicity	5. Weight:(Kg)	6. Height: (cm)

B. SUSPECTED DRUG EVENT

7. Outcomes attributed to use of drug (check all that apply):	8. Describe event or problem	9.Date event started (yyyy/mm/dd)
☐ Failure of therapy ☐ Allergy ☐ Disability ☐ Life threatening ☐ Hospitalisation ☐ Death_____ yyyy/mm/dd ☐ Other (describe)_____		10. Date event ended (yyyy/mm/dd)
11. Describe action taken in response (e.g., drug changed, prolonged-therapy, increased dose)	12. Describe other relevant history including abnormal laboratory test results, days of hospitalization.	

C. DRUG INFORMATION

13.Name of suspected drug (give specific name on package)	14. Dose & Route	15. Indication	16. Batch number if known
17. Name of other drugs taken (give specific name on package)	18. Dose & Route	19. Indication	20. Batch number if known

D. REPORTING HEALTH PROFESSIONAL INFORMATION

21. Profession: _____	24.Telephone: _____
22. Name: _____	25. Fax: _____
23. Address: _____	26. Email_____
27. Also reported to:	
Signature	Date (yyyy/mm/dd)

FOR OFFICIAL USE ONLY
(Revised May 2021)

Code No

Received by: Date received:	Action taken:

Completed forms may be delivered to:

Ministry of Health and Wellness, Standards and Regulation Division
The REIT Building, 52 – 60 Grenada Crescent, Kingston 5
or emailed to:
pharmwatch@moh.gov.jm