

 Paviour <small>Obsessed with Quality</small>	PAVIOUR PHARMACEUTICALS PVT. LTD. DELHI PHARMACOVIGILANCE DEPARTMENT				
SPECIAL SITUATION FORM OF DRUG USE (Without Adverse Drug Reaction)					
Please complete and forward this form to Paviour Pharmaceuticals Pvt. Ltd., 311-312, Suneja Tower-1, District Centre, Janakpuri, New Delhi – 110058. Email ID: drugsafety@paviour.org					
Name of Reporter					
Address					
E-mail					
Phone number					
If healthcare professional, state qualification <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Care giver <input type="checkbox"/> others, please state _____					
PATIENT DATA					
Initials	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse	Age	Height (cm)	Weight (kg)	
Pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			If yes, please inform the last menstruation date and estimated date of delivery		
PRODUCT DATA					
Drug name		Reason for treatment		Batch number	
Date of first administration		Date of last administration		Temperature of infusion (°C)	
Duration of drug administration (unit)		Rate of infusion (ml/60 min)		Total volume infused (ml)	
SPECIAL SITUATION					
Date of identification :					
<input type="checkbox"/> Off label use					
<input type="checkbox"/> Overdose <input type="checkbox"/> Underdose Was the Overdose / Underdose : <input type="checkbox"/> prescribed by a physician <input type="checkbox"/> intentionally administered <input type="checkbox"/> unintentionally administered					
Medication Error : <input type="checkbox"/> with Adverse Drug Reaction (ADR) <input type="checkbox"/> without Adverse Drug Reaction (ADR) <input type="checkbox"/> intercepted medication error (before reaching the patient) <input type="checkbox"/> Potential medication error (e.g. possible mistake in prescribing, storing, dispensing)					
<input type="checkbox"/> Misuse (intentional with therapeutic use)					
<input type="checkbox"/> Abuse (intentional without therapeutic use)					
<input type="checkbox"/> Occupational exposure					
Further Description of the Special Situation including measures taken, if applicable: 					
DATE			SIGNATURE		