

SUSPECTED ADVERSE RE-ACTION DATE / /	Time between administration and event in minutes, hours or days _____	Number treated _____ Number reacted _____ Number dead _____	Duration of the adverse reaction in minutes, hours or days _____
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DESCRIPTION OF THE EVENT (*Safety issues in animals or Safety issues in humans / Lack of expected efficacy / Withdrawal period issues / Environmental problems*) - Please describe:

Indicate also if the reaction has been treated, how and with what and what was the result?

OTHER RELEVANT DATA (ATTACH FURTHER PAPERS IF NECESSARY e.g. investigations carried out or ongoing, a copy of medical report for human cases)

HUMAN CASE
If the reported case refers to a human being, please also complete the details of exposure below

- Contact with treated animal
- Oral ingestion
- Topical exposure
- Ocular exposure
- Injection exposure finger hand joint other
- Other (deliberate ...)

If you do not agree that your complete name and address are sent to the MAH if further information requested, please tick the box:

Date:	Place:	Name and signature of sender:

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