

ADR Reporting

Methods and design issues

A presentation by

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Aims of PV course

To provide a foundation of knowledge and understanding of the core principles and best practice standards in pharmacovigilance

- **To establish the critical role of communication in the delivery of effective pharmacovigilance**

To familiarise students with the tools and resources necessary for good pharmacovigilance practice

- **The design, marketing and communications issues underlying an effective reporting system**



What are the priorities?

- To get health professionals and patients to tell us when they suspect ADRs and other problems
 - To provide a simple, attractive contact mechanism which people will use
- To collect minimum essential, good quality data by the most practical and effective method that is acceptable to reporters
 - Explore alternatives that reduce the burden of reporting



Form **8283**

(Rev. October 1998)

Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

Noncash Charitable Contributions▶ Attach to your tax return if you claimed a total deduction
of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0048

Attachment
Sequence No. **55**

Identifying number

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A**—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).**Part I** Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property
A		
B		
C		
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (c), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
A						
B						
C						
D						
E						

Part II Other Information—Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.

2 If, during the year, you contributed less than the entire interest in the property, complete lines a–e.

a Enter the letter from Part I that identifies the property ▶ _____. If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) _____

Address (number, street, and room or suite no.) _____

City or town, state, and ZIP code _____

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

3 If conditions were attached to any contribution listed in Part I, answer questions a – c and attach the required statement (see instructions).

a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see page 4 of separate instructions.

Cat. No. 82299J

Form **8283** (Rev. 10-98)

FDA web reporting form

...factors associated with under-reporting were **ignorance** (only severe ADRs need to be reported) in 95%; **diffidence** (fear of appearing ridiculous for reporting merely suspected ADRs) in 72%; **lethargy** (an amalgam of procrastination, lack of interest or time to find a report card, and other excuses) in 77%; **indifference** (the one case that an individual doctor might see could not contribute to medical knowledge) and **insecurity** (it is nearly impossible to determine whether or not a drug is responsible for a particular adverse reaction) in 67%; and **complacency** (only safe drugs are allowed on the market) in 47% of studies.

Determinants of Under-Reporting of Adverse Drug Reactions: A Systematic Review

Lopez-Gonzalez, Elena; Herdeiro, Maria T.; Figueiras, Adolfo
[Drug Safety](#), Volume 32, Number 1, 2009 , pp. 19-31(13)

CONCLUSION: The rate of spontaneous ADR reporting is very low, also for serious and fatal reactions.

Under-reporting of serious adverse drug reactions in Sweden

M Bäckström, T Mjörndal, R Dahlqvist

Pharmacoepidemiology and Drug Safety (2004) Volume: 13, Issue: 7, Pages: 483-487



What makes you irritated when filling in a form? [1]

- Uncertainty why form is necessary
- Form looks complicated and unattractive
- Excessive or bureaucratic detail
- Complexity and length of time required
- Information required demanding troublesome search for details
- Information required which sender could be expected already to have
- Repetition of personal or other details (within form or from form to form)



What makes you irritated when filling in a form? [2]

- Inadequate space for answers
- Questions which are not clear as to their purpose, rationale or requirements
- Information which appears superfluous
- Significant information which you have but are not asked for or cannot fit on the form
- Inability to express your view within constraints of form
- Complex or expensive return mechanism
- No apparent benefit for effort



Is there really **no**
alternative to using

a solution?

Yes there is!!



Two distinct issues

- What is the minimum data content and quality necessary for good pharmacovigilance?
- What is the best method for collecting such data? [It may not be reporters filling in forms]

**The focus of this presentation is on
*methods***

Everyone assumes that forms are the best method to collect all data, but they are almost certainly not



Anytime [1/10/2002, 2:00:00 PM] **Print**

File Edit View Database Window Help

1040 Department of the Treasury—Internal Revenue Service **2002** OMB No. 1545-0047 Do not write or stamp in this space.

For the year ending Dec. 31, 2002, or other tax year beginning February 2002 ending December 2002 OMB No. 1545-0047

Label See instructions on page 21.

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign See page 21.

Filing Status Check only one box.

Exemptions If more than five dependents, see page 22.

Income Attach Form W-2 and Form W-3 if required.

Attach Form W-2 and

1 ☒ **Single**

2 ☒ **Married filing jointly (even if only one had income)**

3 ☐ **Married filing separately** Enter spouse's last name and full name here

4 ☐ **Widowed** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check this box

5 ☐ **Head of household** With qualifying person (see page 21). If the qualifying person is a child, list his or her dependent's name here

6 ☐ **Qualifying widow(er)** With dependent child (see page 21)

7 ☐ **Surviving spouse** With dependent child (see page 21)

8 ☐ **Other** See instructions on page 21

9 ☐ **Other** See instructions on page 21

10 ☐ **Other** See instructions on page 21

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; font-weight: bold;">1500</div> <div>HEALTH INSURANCE CLAIM FORM</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> <div>APPROVED BY NATIONAL LIFETIME CLAIM COMMITTEE 8000</div> <div>PCA </div> </div>									
1. MEDICARE MEDIGAP MEDICAID <input type="checkbox"/> Medicare <input type="checkbox"/> Medigap <input type="checkbox"/> Medicaid <input type="checkbox"/> Other				1A. INSURED'S U.S. NUMBER (For Program A form 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) _____				3. PATIENT'S DATE OF BIRTH MM / DD / YY				4. INSURED'S NAME (Last Name, First Name, Middle Initial) _____	
5. PATIENT'S ADDRESS (No. Street) _____				6. PATIENT'S TELEPHONE (Include Area Code) () _____				7. INSURED'S ADDRESS (No. Street) _____	
8. CITY _____				9. STATE _____				10. CITY _____	
11. ZIP CODE _____				12. TELEPHONE (Include Area Code) () _____				13. ZIP CODE _____	
14. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) _____				15. OTHER INSURED'S POLICY OR GROUP NUMBER _____				16. OTHER INSURED'S DATE OF BIRTH MM / DD / YY	
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98. OTHER INSURED'S DATE OF BIRTH MM / DD / YY				99. OTHER INSURED'S POLICY OR GROUP NUMBER _____				100. OTHER INSURED'S DATE OF BIRTH MM / DD / YY	

101.





SHIRE OF
STRATHBOGIE

APPLICATION FOR A BUILDING PERMIT

Form 1. Building Act 1993, Building Regulations 1994, Regulations 2.1(1)(a)
PO Box 177, Eumya 3666 Ph: 57952010 Fax: 57953550 www.strathbogie.vic.gov.au

Permit No: _____

Property No: _____

To: **Municipal Building Surveyor**

From: **Owner / Agent of Owner**

Name: _____

Address: _____

Post Code: _____

Phone: _____

Email: _____

Owner (only if agent of owner listed above)

Name: _____

Address: _____

Post Code: _____

Phone: _____

Email: _____

Indicate if the applicant is a lessee or licensee
of Crown land to which this application applies ☐

Contact: _____ Ph: _____

Property Details

No: _____ Street/Road: _____

Town: _____

Owner Builder¹ (if applicable)

I intend to carry out the work as an owner builder

☐ Yes

☐ No

Cost of Work

Is there a contract for the building work? ☐

If yes, state contract price \$

If no, state the estimated value of work \$

(including the cost of labour and materials)

Gross Floor Area: _____

Town Planning Certificate: _____ Date: _____

Stage of Building Work

(if application is to permit a stage of work)

Extent of Stage _____

Value of Work for this stage \$

Building Practitioners² (if known)

(a) to be engaged in the building work²

Name: _____

Inspected By:
Service Advisor:

Repair Order:

--Dealer Logo--

--Custom Image--

REPORT CARD			
CHECKED AND OKAY	MAY REQUIRE FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION	
INTERIOR / EXTERIOR		UNDER HOOD	
<input type="checkbox"/> Head Lights, Tail Lights, Turn Signals, Brake Lights, Hazard Warning Lights & Exterior Lamps	<input type="checkbox"/> Windshield Washer Spray, Wiper Operation, Wiper Blades, Windshield Condition (cracks, chips or pitting)	<input type="checkbox"/> Fluid Levels: Engine Oil, Coolant, Battery, Power Steering, Brake Fluid, Windshield Washer & Transmission Fluid	
<input type="checkbox"/> Upholstery, Carpet, Floor Mats & Mirror Glass	<input type="checkbox"/> Parking Brake Adjustment	<input type="checkbox"/> Engine Air Cleaner Element	
<input type="checkbox"/> Horn Operation	<input type="checkbox"/> Fuel Cap Operation	<input type="checkbox"/> Drive Belts (condition, adjustment & tension indicator)	
<input type="checkbox"/> Dust and HEPA Filter	<input type="checkbox"/> Clutch Operation	<input type="checkbox"/> Engine Coolant Protection, Cooling System Hoses, Heater Hoses, Air Condition Hoses and Connections	
UNDER VEHICLE		<input type="checkbox"/> Radiator Core, Air Conditioning Condenser	
<input type="checkbox"/> Shock Absorbers & Suspension	<input type="checkbox"/> Steering Gear Box, Linkage, Boots & Ball Joints	BRAKES & TIRES	
<input type="checkbox"/> Dust Covers	<input type="checkbox"/> Muffler, Exhaust Pipes, Mountings & Catalytic Converter	Left Front	Right Front
<input type="checkbox"/> Heat Shields	<input type="checkbox"/> Engine Oil and/or Fluid Leaks	<input type="checkbox"/> Tire Wear <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tire Wear <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Brake Lines, Hoses & Parking Brake Cable	<input type="checkbox"/> Drive Shaft Boots, Constant Velocity Boots & Bands	<input type="checkbox"/> Brake: <input type="checkbox"/> mm	<input type="checkbox"/> Brake: <input type="checkbox"/> mm
<input type="checkbox"/> Transmission, Differential, Transfer Case (check fluid level, fluid condition & fluid leaks)	<input type="checkbox"/> Fuel Lines, Connections, Tank Band & Fuel Tank	<input type="checkbox"/> Tire Tread: <input type="checkbox"/>	<input type="checkbox"/> Tire Tread: <input type="checkbox"/>
<input type="checkbox"/> Vapor Vent System Hoses	<input type="checkbox"/> Inspect Nuts & Bolts on Body Chassis	<input type="checkbox"/> Tire Pressure: <input type="checkbox"/>	<input type="checkbox"/> Tire Pressure: <input type="checkbox"/>
BATTERY PERFORMANCE		Left Rear	Right Rear
<input type="checkbox"/> Tested and Verified With The "Approved" Battery Analyzer		<input type="checkbox"/> Tire Wear <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tire Wear <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> Brake: <input type="checkbox"/> mm	<input type="checkbox"/> Brake: <input type="checkbox"/> mm
		<input type="checkbox"/> Tire Tread: <input type="checkbox"/>	<input type="checkbox"/> Tire Tread: <input type="checkbox"/>
		<input type="checkbox"/> Tire Pressure: <input type="checkbox"/>	<input type="checkbox"/> Tire Pressure: <input type="checkbox"/>

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Ribbon Ridge
Solutions

At --Dealership Name-- We Realize You Have A
Choice. Thank You For Choosing Us!

Tolerable forms



CallLog -- Webpage Dialog

File - View - Group - Customer - AutoTask -

Call ID 00002212 Status: Open

Graphics Support

Call # 00002
Customer: Marcia Hendric

Service Level

Last Name: Hendric First Name: Marcia Phone/Ext: 0719 555-4399
Email: mhendric@Yourcompany.com Facility: Department: Biology

CallLog Detail Assignment(S) Journal(S)

Change Management Last updated by: Admin on 2006-10-25 (16:53) Open

Incident Description: New user in my department

New Assignment New Journal Set Reminder

AutoTask Support

Solution Chosed on 1st contact:

Solution Description

Search Knowledge Quick Solution Quick Close

Service Level Management Time Spent

Clock Click Not Scaled

Send Warning

Attachment Support

Full HEAT Form Rendering. No need to design special Web Forms

ORACLE

File Editace Dotaz Blok Záznam Pole Odpověď Celo

OZPH_IOD

Doklad 07197 2190026196 Oprava dokladu 1 Akce CEZ

Ozphlod

Doklad 07197 2190026194 Oprava dokladu 1 Akce CEZ

Ext. doklad Sp. dopravy Dt. potv. Č. pokla

Celkem Počet 2.000 NC

Kód položky Odd. Kód

213310-TATRACH-000075427	11026	219
441000-SLUZBYD-000016875	11026	219
242600-CITY BA-000077358	11026	219

HISTÓRIA OZ

Prehľadanie logov
Správa importných dát
Správa atribútov

Ext. doklad Oprava 1 Datum dokladu 25.09.2007 Akce

Zp. dopravy Názov Poznámka: Cie cenku v hierarchii - rg_alist

Datum potvrzení Číslo pokladny Kód pohybu

Celkem	Množství	NC	DN	PC	SC
2.000	117.18	0.00	200.00	238.00	

Poslední oprava

Kód položky	Odd.	Kód	Opr.	Rád.	Datum zprac.	Organizace	Množství	NC
213310-TATRACH-00007	11026	219	1	1	25.09.2007		2.000	
441000-SLUZBYD-00001	11026	219	1	2	25.09.2007		0.000	
242600-CITY BA-0000773	11026	219	1	3	25.09.2007		0.000	

Historie Doklad oběhu zboží

Oddělení 11027 Účetní m



Your record of payment for purchase of National Savings Certificates

Reference Number **1662242084** Credit Account Number **623 2752** Date **19**

Amount £ **1662242084** Amount in words **623 2752**

Payment made by **Girobank plc** We will normally send the Certificate **within 10 working days**. If you have any reason to write to National Savings, Durham about this purchase please quote Reference Number, amount and date, and for post office purchases Credit Account Number and name of post office shown on this payment record.

Girobank **SAVINGS CERTIFICATES** **Application to Purchase 5 Year Fixed Interest Certificates**

15A Reference Number **1662242084** Credit Account Number **623 2752** Amount due (see box payable at PO number) **£** Amount in words **1662242084**

24 **1662242084** **623 2752** **£**

1 Do you already hold National Savings Certificates? Tick ☒ YES or ☐ NO If ☒ YES please give Holder's Number **1662242084**

2 M Holder's Surname **1662242084** Permanent address **1662242084**

All forenames **1662242084** Daytime telephone number (useful if there is a query) **1662242084** Postcode **1662242084**

3 I accept the terms of the Prospectus dated 1 April 1997 and apply to buy Savings Certificates of the current **1662242084** Fixed Interest Issue **1662242084** Signature **1662242084** Date **1662242084** Holder ☐ Trustee ☐ Other ☐ **NATIONAL SAVINGS**

PLEASE DO NOT WRITE OR MARK BELOW THIS LINE (OR FOLD THIS COUNTERFOIL IF PURCHASING AT A POST OFFICE)

1662242084 V7246232752 22 X

Investment Application Maxi ISA and Unit Trust **save&prosper**

Please complete this form in BLOCK CAPITALS and black ink. You should fill in Parts 1, 2, 3 and 5 (plus Part 4 if relevant) and refer to the Notes overleaf.

Mr B P J Hugman
34 Culverden Road
Balham
London
SW12 9LP

Promotion Ref: **2186/004**
Your Ref: **0013349287**

Invest in the stocks and shares component of our Maxi ISA by 11th June 1999 and receive a special bonus payment into your ISA

£100 when you invest £3,000 – £4,999
£200 when you invest £5,000 – £6,699
£300 when you invest £6,700

1 About you (Please see Note 1 overleaf)

Your title (e.g. Mr/Ms/Mrs/Ms/Other) **1662242084** Your permanent residential address **1662242084**

Your forename(s) **1662242084** Your surname **1662242084**

Your S&P account number (if existing customer) **1662242084** Your postcode **1662242084**

Do you have a National Insurance number? YES ☐ NO ☐ Daytime phone **1662242084**

If yes, enter your National Insurance number here **1662242084** Evening phone **1662242084**

Your date of birth (Day/Month/Year) **1662242084** 1 9

2 About your investment (Please see Note 2 overleaf where the maximum and minimum investment limits are explained)

Fund name	Maxi ISA - Stocks and Shares Component	Unit Trust / Outside ISA
Premier Equity Growth Fund	Lump sum 1662242084 Regular saving 1662242084	Lump sum 1662242084
Extra Income Fund	Lump sum 1662242084 Regular saving 1662242084	Lump sum 1662242084
UK Growth & Income Fund	Lump sum 1662242084 Regular saving 1662242084	Lump sum 1662242084
The cash component of the Save & Prosper Maxi ISA is currently unavailable	Total(s) 1662242084	Lump sum 1662242084

3 About your ISA bonus payment (Please see Note 3 overleaf)

I enclose a cheque for **1662242084** Save & Prosper will invest, on my behalf, an additional **1662242084** into name of fund) My total investment will be **1662242084**

4 About income and withdrawals (Please see Note 4 overleaf)

Any income from your investment will be reinvested automatically in the same investment(s). However, if you have invested a lump sum you can choose to have income sent direct to a bank or building society account. If you wish to have income paid out rather than reinvested, please tick this box ☐ and complete the bank details below. You may make withdrawals from your investments on request. Please use the boxes below to give us details of the account into which you would like any income and withdrawals to be paid.

Name of bank or building society **1662242084** Name of account holder(s) **1662242084**

Branch address **1662242084** Account number **1662242084**

Branch postcode **1662242084** Bank sort code **1662242084**

5 Your signature and declaration (Please see Note 5 overleaf)

For ISA investments, please read the Declaration shown overleaf before you sign and date this Investment Application. By signing you make the Declaration shown overleaf and confirm that you have read and understand this form (including the Notes) and the separate Key Features for the fund(s) in which you have chosen to invest.

Your signature **1662242084** Date (Day/Month/Year) **1662242084**

CHASE DE VERE ESCALATOR BOND

1 PERSONAL DETAILS

1st Account Holder

Surname (Mr/Ms/Mrs/Ms/Other) **1662242084** Forename(s) **1662242084**

Permanent Residential Address **1662242084** Postcode **1662242084**

E-Mail **1662242084** Date of Birth **1662242084** / /

Telephone Number (Home) **1662242084** (Work) **1662242084**

2nd Account Holder

Surname (Mr/Ms/Mrs/Ms/Other) **1662242084** Forename(s) **1662242084**

Permanent Residential Address **1662242084** Postcode **1662242084**

E-Mail **1662242084** Date of Birth **1662242084** / /

Telephone Number (Home) **1662242084** (Work) **1662242084**

3 ACCOUNT DETAILS

Initial Investment **1662242084**

Do you already hold an account with Newcastle Building Society? No ☐ Yes ☐ If Yes, please provide A/C No. **1662242084**

4 INTEREST INSTRUCTION

Please indicate how you wish to receive your interest payment.

Credited to another Newcastle Building Society account ☐ Account Number **1662242084**

Paid direct into your bank account or nominated building society account ☐

Sent to me by cheque ☐



Investment Application **Maxi ISA and Unit Trust** **save&prosper**

Please complete this form in BLOCK CAPITALS and black ink. You should fill in Parts 1, 2, 3 and 5 (plus Part 4 if relevant) and refer to the Notes overleaf.

Mr B P J Hugman
34 Culverden Road
Balham
London
SW12 9LP

Invest in the stocks and shares component of our Maxi ISA by 11th June 1999 and receive a special bonus payment into your ISA.

£100 when you invest £3,000 – £4,999
£200 when you invest £5,000 – £6,699
£300 when you invest £6,700

Promotion Ref: 2186/004
Your Ref: 0013349287

1 About you (Please see Note 1 overleaf)

Your title (e.g. Mr/Ms/Ms/Ms/Other) _____

Your permanent residential address _____

Your forename(s) _____

Your surname _____

Your S&P account number (if existing customer) _____

Do you have a National Insurance number? ☐ YES ☐ NO

If yes, enter your National Insurance number here _____

Your date of birth (Day/Month/Year) _____ 1 9 _____

Your postcode _____

Daytime phone _____

Evening phone _____

If you do not wish to receive details about other products or services, please tick this box ☐

2 About your investment (Please see Note 2 overleaf where the maximum and minimum investment limits are explained)

Maxi ISA - Stocks and Shares Component		Unit Trust / Outside Investment	
Fund name	Lump sum	Regular saving	Lump sum
Premier Equity Growth Fund	£ _____	£ _____ a month	£ _____
Extra Income Fund	£ _____	£ _____ a month	£ _____
Global Growth & Income Fund	£ _____	£ _____ a month	£ _____
The cash component of the Save & Prosper Maxi ISA is currently unavailable	Total(s) £ _____	£ _____ a month	£ _____

Send a cheque payable to Save & Prosper Equity Plan Managers Limited.

Send no money but complete and return the direct debit form enclosed with our Key Features document.

Send a cheque payable to Save & Prosper Securities Limited.

3 About your ISA bonus payment (Please see Note 3 overleaf)

I enclose a cheque for _____

Save & Prosper will invest, on my behalf, an additional _____ into (name of fund) _____

My total investment will be £ _____

4 About income and withdrawals (Please see Note 4 overleaf)

Any income from your investment will be reinvested automatically in the same investment(s). However, if you have invested a lump sum you can choose to have income sent direct to a bank or building society account. If you wish to have income paid out rather than reinvested, please tick this box ☐ and complete the bank details below. You may make withdrawals from your investments on request. Please use the boxes below to give us details of the account into which you would like any income and withdrawals to be paid.

Name of bank or building society _____

Branch address _____

Branch postcode _____

Name of account holder(s) _____

Account number _____

Bank sort code _____

5 Your signature and declaration (Please see Note 5 overleaf)

For ISA investments, please read the Declaration shown overleaf before you sign and date this Investment Application. By signing you make the Declaration shown overleaf and confirm that you have read and understand this form (including the Notes) and the separate Key Features for the fund(s) in which you have chosen to invest.

Your signature _____

Date (Day/Month/Year) _____

Anatomy of a form:

Relationship: who's this from?

Paper size, colour and quality (why A4?)

Font size and colour

Personalisation (this is for me)

Benefits

Print colour (grey is a tint of black: this is 2 colour)

Open boxes for information

Distinct sections and clear sub-headings

Help information at point of data entry

Tick boxes

Visual variety (here, angled items, very minor but effective)

Overall impression: welcoming or alienating?

This form is not presented as an example of ideal design, though it's not bad



How do forms from the commercial sector compare?

- Generally well designed, easy to fill in and purposes and benefits clear (low benefit = low response)
- Medical forms often badly designed, poorly laid out, complex, demanding with purposes and benefits unclear
- Commercial companies may depend on forms for their survival; take form and context very seriously (applications, contributions, registration of products, customer surveys)
- Keen for people to take notice and fill in



What makes a good form?

- Attractive
- Simple
- Short (but not at the expense of space and accessibility)



What makes a good form?

- A good form is one which your target audience *wants to fill in*
- You must ask them how much effort they are willing to make (e.g. alert or minimum or full data)
- A form without *research*, *testing* and *discussion* is largely a waste of time
- Sit with reporters and *watch* them completing a form
- What suits your needs may not suit the needs and wishes of reporters at all: *empathy*



What makes a good form?

- Simple, open, elegant design and layout
 - Structure; use of colour; white space; typeface; tick-boxes, space for response
- Short where possible (one page/10 min)
- Clear headings and detailed requirements
- Minimum necessary information (+personalised data)
- Clear purposes and benefits
- Simple return mechanisms



ARGENTINA

SISTEMA NACIONAL DE FARMACOVIGILANCIA
COMISIÓN DE EVENTOS ADVERSOS

(Se rellena en tres ejemplares)

Formulario de Notificación de Efectos Adversos

1. Datos del paciente:

Nombre: _____ Fecha de nacimiento: _____ Sexo: ☐ M ☐ F

2. Datos del medicamento:

Nombre: _____ Dosis: _____ Fecha de inicio: _____ Fecha de suspensión: _____

3. Descripción del evento adverso:

Descripción: _____

4. Datos del médico:

Nombre: _____ Fecha: _____

AUSTRALIA

Report of suspected adverse reaction to medicines or vaccines

1. Patient details:

Name: _____ Date of birth: _____ Sex: ☐ M ☐ F

2. Medication details:

Medicine name: _____ Dose: _____ Date started: _____ Date stopped: _____

3. Description of reaction:

Description: _____

4. Doctor details:

Name: _____ Date: _____

CANADA

Report of Suspected Adverse Reaction to Medicines/Vaccines

1. Patient Information:

Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F

2. Medication Information:

Medicine Name: _____ Dose: _____ Date Started: _____ Date Stopped: _____

3. Description of Reaction:

Description: _____

4. Doctor Information:

Name: _____ Date: _____

SISTEMA NACIONAL DE FARMACOVIGILANCIA

Formulario de Notificación de Efectos Adversos

1. Datos generales:

Nombre: _____ Fecha de nacimiento: _____ Sexo: ☐ M ☐ F

2. Datos del medicamento:

Nombre: _____ Dosis: _____ Fecha de inicio: _____ Fecha de suspensión: _____

3. Descripción del evento adverso:

Descripción: _____

4. Datos del médico:

Nombre: _____ Fecha: _____

Report of Suspected Adverse Reaction to Medicines/Vaccines

1. Patient Information:

Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F

2. Medication Information:

Medicine Name: _____ Dose: _____ Date Started: _____ Date Stopped: _____

3. Description of Reaction:

Description: _____

4. Doctor Information:

Name: _____ Date: _____

Formulario de Notificación de Efectos Adversos

1. Datos generales:

Nombre: _____ Fecha de nacimiento: _____ Sexo: ☐ M ☐ F

2. Datos del medicamento:

Nombre: _____ Dosis: _____ Fecha de inicio: _____ Fecha de suspensión: _____

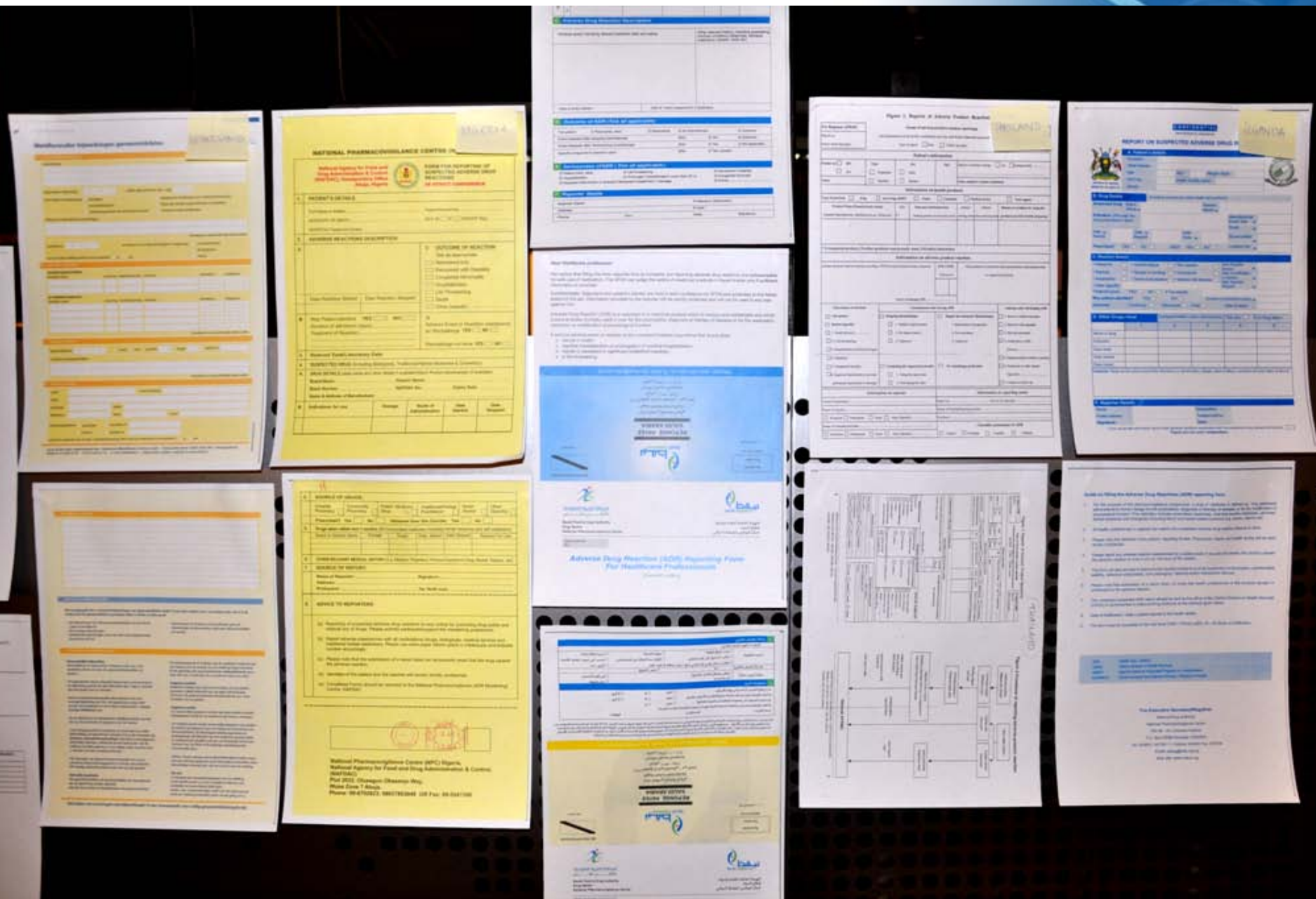
3. Descripción del evento adverso:

Descripción: _____

4. Datos del médico:

Nombre: _____ Fecha: _____





A4 is not the only option: it may be convenient for officials but is it fit for audience? [Lazy choice?]



All the pictures, colour and creativity are to persuade the recipient to fill in the form





WOODLAND TRUST

Yes, I want to protect half an acre of Britain's native woodland

For payment by monthly Direct Debit

☐ Single Membership £3.75 per month ☐ Joint Membership £3.50 per month

For payment by cheque or credit card

☐ Single Membership £33 ☐ Joint Membership £42

Gift Aid

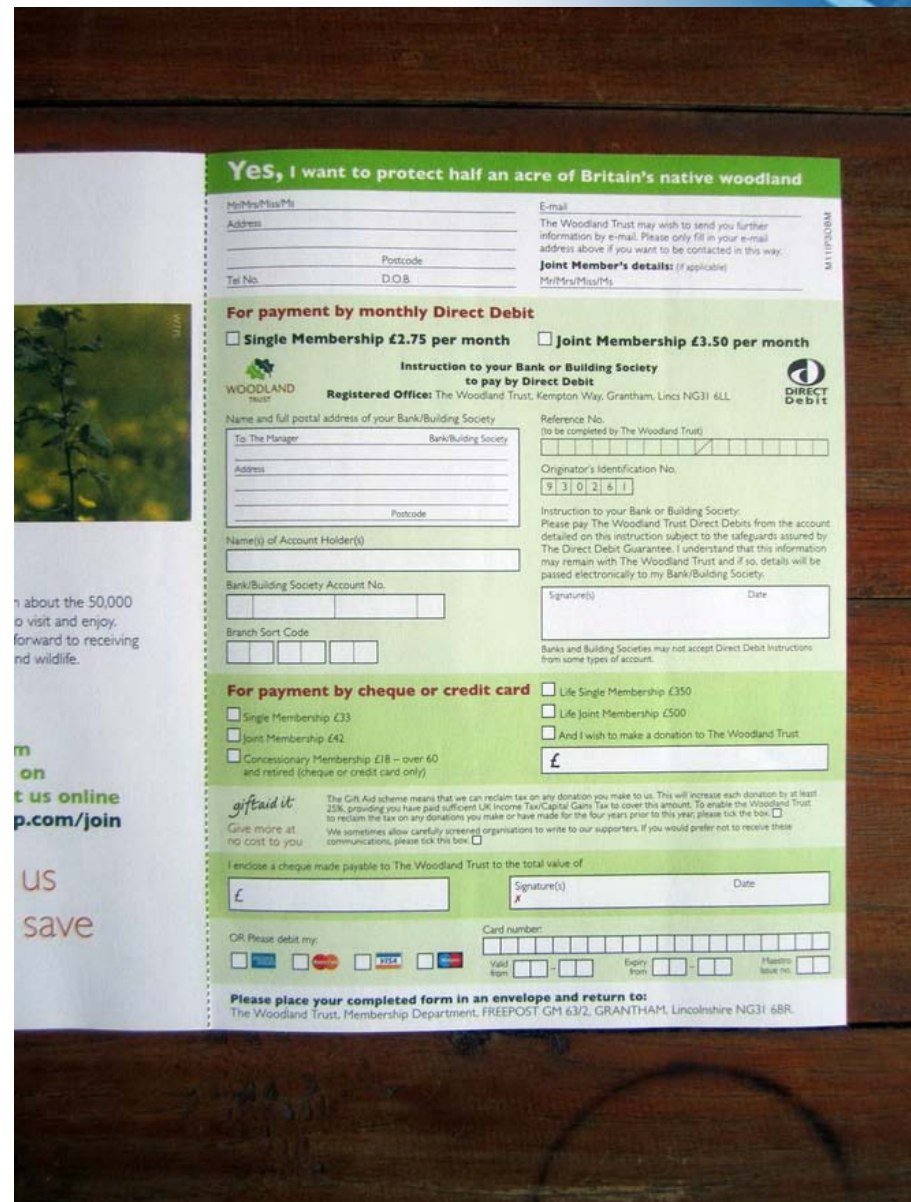
Britain's ancient woodland remains under threat

FREE

Will you give £2.75 a month to protect half an acre forever?

Notice:

- Distinct sections, indicated by colour variations and sub-headings
- Open white space for completing information
- Overall inviting and comfortable appearance
- *Notice three weights of green – solid, and medium and light tints*



WOODLAND TRUST

Yes, I want to protect half an acre of Britain's native woodland

For payment by monthly Direct Debit

☐ Single Membership £2.75 per month ☐ Joint Membership £3.50 per month

Instruction to your Bank or Building Society to pay by Direct Debit

Registered Office: The Woodland Trust, Kempton Way, Grantham, Lincs NG31 6LL

Name and full postal address of your Bank/Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society Account No.

Branch Sort Code

For payment by cheque or credit card

☐ Single Membership £33 ☐ Joint Membership £42

☐ Concessionary Membership £18 – over 60 and retired (cheque or credit card only)

Gift Aid

Give more at no cost to you

I enclose a cheque made payable to The Woodland Trust to the total value of

£

OR Please debit my:

Card number:

Valid from: **Expiry date:** **Mastercard**

Please place your completed form in an envelope and return to:
The Woodland Trust, Membership Department, FREEPOST GM 63/2, GRANTHAM, Lincolnshire NG31 6BR.



[illegible][illegible]

Your record of payment for purchase of National Savings Certificates

Reference Number **1662242084** Credit Account Number **623 2752** Date **19**

Amount £ **1662242084** Amount in words **623 2752**

Payment made by **Girobank plc** We will normally send the Certificate **within 10 working days**. If you have any reason to write to National Savings, Durham about this purchase please quote Reference Number, amount and date, and for post office purchases Credit Account Number and name of post office shown on this payment record.

Girobank **SAVINGS CERTIFICATES** **Application to Purchase 5 Year Fixed Interest Certificates**

Reference Number **1662242084** Credit Account Number **623 2752** Amount due (see box payable at PO number) **£** Amount in words **1662242084**

1 Do you already hold National Savings Certificates? Tick ☒ YES or ☐ NO If ☒ YES please give Holder's Number **15A 24**

2 Holder's Surname **M** Permanent address **34 Culverden Road Balham London SW12 9LP** All forenames **Mr** Daytime telephone number (useful if there is a query) **2186 004** Postcode **0013349287** Date of birth **19**

3 I accept the terms of the Prospectus dated 1 April 1997 and apply to buy Savings Certificates of the current Fixed Interest Issue **1662242084** Signature **Holder** Date **19** **NATIONAL SAVINGS**

PLEASE DO NOT WRITE OR MARK BELOW THIS LINE (OR FOLD THIS COUNTERFOIL IF PURCHASING AT A POST OFFICE)

1662242084 V7246232752 22 X

Investment Application Maxi ISA and Unit Trust **save&prosper**

Please complete this form in BLOCK CAPITALS and black ink. You should fill in Parts 1, 2, 3 and 5 (plus Part 4 if relevant) and refer to the Notes overleaf.

Mr B P J Hugman
34 Culverden Road
Balham
London
SW12 9LP

Promotion Ref: **2186/004**
Your Ref: **0013349287**

Invest in the stocks and shares component of our Maxi ISA by 11th June 1999 and receive a special bonus payment into your ISA

£100 when you invest £3,000 - £4,999
£200 when you invest £5,000 - £6,699
£300 when you invest £6,700

1 About you (Please see Note 1 overleaf)

Your title (e.g. Mr/Ms/Mrs/Ms/Other) **Mr** Your permanent residential address **34 Culverden Road Balham London SW12 9LP**

Your forename(s) **Mr** Your surname **B P J Hugman** Your S&P account number (if existing customer) **2186/004** Your postcode **SW12 9LP**

Do you have a National Insurance number? **YES** ☐ NO ☐ If yes, enter your National Insurance number here **19** Daytime phone **2186 004** Evening phone **0013349287**

2 About your investment (Please see Note 2 overleaf where the maximum and minimum investment limits are explained)

Fund name	Maxi ISA - Stocks and Shares Component	Unit Trust / Outside ISA
Premier Equity Growth Fund	Lump sum £ 1662242084 Regular saving £ a month	Lump sum £ a month
Extra Income Fund	Lump sum £ a month Regular saving £ a month	Lump sum £ a month
UK Growth & Income Fund	Lump sum £ a month Regular saving £ a month	Lump sum £ a month
The cash component of the Save & Prosper Maxi ISA is currently unavailable	Total(s) £ 1662242084	Total(s) £ a month

3 About your ISA bonus payment (Please see Note 3 overleaf)

I enclose a cheque for **£** Save & Prosper will invest, on my behalf, an additional **£** into name of fund) **Maximum of £1000** My total investment will be **£**

4 About income and withdrawals (Please see Note 4 overleaf)

Any income from your investment will be reinvested automatically in the same investment(s). However, if you have invested a lump sum you can choose to have income sent direct to a bank or building society account. If you wish to have income paid out rather than reinvested, please tick this box ☐ and complete the bank details below. You may make withdrawals from your investments on request. Please use the boxes below to give us details of the account into which you would like any income and withdrawals to be paid.

Name of bank or building society **Barclays Bank** Name of account holder(s) **B P J Hugman**
Branch address **100 Broad Street London** Account number **1234 5678**
Branch postcode **EC2A 4DP** Bank sort code **2000 0001**

5 Your signature and declaration (Please see Note 5 overleaf)

For ISA investments, please read the Declaration shown overleaf before you sign and date this Investment Application. By signing you make the Declaration shown overleaf and confirm that you have read and understand this form (including the Notes) and the separate Key Features for the fund(s) in which you have chosen to invest.

Your signature **B P J Hugman** Date (day/month/year) **19/06/99**

CHASE DE VERE ESCALATOR BOND

1 PERSONAL DETAILS

1st Account Holder
Surname (Mr/Ms/Mrs/Ms/Other) **Mr** Forename(s) **B P J Hugman**
Permanent Residential Address **34 Culverden Road Balham London SW12 9LP** Postcode **SW12 9LP**
E-Mail **1662242084** Date of Birth **19** / **19** / **19**
Telephone Number (Home) **2186 004** (Work) **0013349287**

2nd Account Holder
Surname (Mr/Ms/Mrs/Ms/Other) **Ms** Forename(s) **J P B Hugman**
Permanent Residential Address **34 Culverden Road Balham London SW12 9LP** Postcode **SW12 9LP**
E-Mail **1662242084** Date of Birth **19** / **19** / **19**
Telephone Number (Home) **2186 004** (Work) **0013349287**

2 ACCOUNT DETAILS

Initial Investment **£**
Do you already hold an account with Newcastle Building Society? **No** ☐ Yes ☐ If Yes, please provide A/C No. **1662242084**

3 INTEREST INSTRUCTION

Please indicate how you wish to receive your interest payment.
Credited to another Newcastle Building Society account ☐ Account Number **1662242084**
Paid direct into your bank account or nominated building society account ☐
Sent to me by cheque ☐



ADVERS İLAÇ ETKİLERİ BİLDİRİMİ

(Hastanın ve bildirimciyi dolduran doktor - dış hekim - eczacı tarafından doldurulmalıdır)

A- Bildirilmesi istenen etkiler, tedavi amacıyla ve tedavi süresince kullanılan ilaçların kullanılmasıyla ilişkili olarak bildirilmelidir.

B- Konjenital anormalliklerde, hamilelik süresince alınan ilaçların kullanılmasıyla ilişkili olarak bildirilmelidir.

C- Formda istenen bilgilerin bir kısmı eksik de olsa, bildirilmelidir. BİLDİRDİĞİNİZ BİR REAKSİYON, BİLDİRİMİNİZİN ÇOK ÖNEMLİ BİR SİYAL OLABİLİRİ

HASTANIN ADI: _____ CİN: _____

ORTAYA ÇIKAN ŞÜPHELİ REAKSİYONLAR

REAKSİYON GÖRÜLDÜĞÜNDE NE YAPILDIĞI

☐ İlaç Devam ☐ İlaç Kesildi

☐ Doz Azaltıldı ☐ Diğer (Açıklayınız): _____

KULLANILAN İLAÇLAR (Ticari ismi) ve AŞILAR

ŞÜPHELİ İLAÇLAR	VERİŞİ YOLU	GÜNLÜK DOZ	BASLANGIÇ TARİHİ

BİRLİKTE ALINAN DİĞER İLAÇLAR

DİĞER GÖZLEMLER

BİLDİRİMİ YAPAN KİŞİNİN: (Doktor, dış hekim veya eczacı)

Mesleği: _____ Adresi: _____

İsmi: _____ Tel No: _____

รายงานอาการอันไม่พึงประสงค์จากการใช้ยา

ข้อมูลทั้งหมดจะเก็บเป็นความลับของทางโรงพยาบาลโดยเฉพาะ

เลขวันที่: _____ แบบที่ 3

ชนิดของรายงาน ☐ ใหม่ ☐ ติดตามผลจากรายงานเดิม

เลขที่รับของผู้ป่วย	<input type="checkbox"/> ผู้ป่วยใน <input type="checkbox"/> ผู้ป่วยนอก	เพศ <input type="checkbox"/> ชาย <input type="checkbox"/> หญิง	อายุ	ชื่อ
โรคชาติภพ	ขนาดของยาที่ได้รับ (เช่น รับประทานครั้งละ 1 เม็ด (500 mg.) วันละ 3 ครั้ง)	วันที่เริ่มใช้	วันที่หยุดใช้	แพทย์ที่ปรึกษา <input type="checkbox"/> ไม่พบอาการ <input type="checkbox"/> อาการดีขึ้น <input type="checkbox"/> อาการคงที่ <input type="checkbox"/> อื่นๆ _____
ข้ออื่น ๆ ที่เกี่ยวข้อง				แพทย์ที่ปรึกษา <input type="checkbox"/> ไม่พบอาการ <input type="checkbox"/> อาการดีขึ้น <input type="checkbox"/> อาการคงที่ <input type="checkbox"/> อาการแย่ลง <input type="checkbox"/> อื่นๆ _____

โรคหรือสาเหตุที่ต้องใช้ยาครั้งนี้

อาการอันไม่พึงประสงค์

ความผิดปกติของห้องปฏิบัติการที่เกี่ยวข้อง (ถ้ามี)

ระบุความรุนแรงของอาการที่เกี่ยวข้อง

☐ ทุเลา (ผู้ป่วยมีอาการดีขึ้นหรือดีขึ้น)
☐ ปานกลาง (ต้องการการวินิจฉัยเพิ่มเติมหรือการบำบัด)
☐ รุนแรง (จำเป็นต้องมีการวินิจฉัยเพิ่มเติมหรือการบำบัด)
☐ หยุดใช้ยา ☐ ใช้ยาต่อไป


ผล

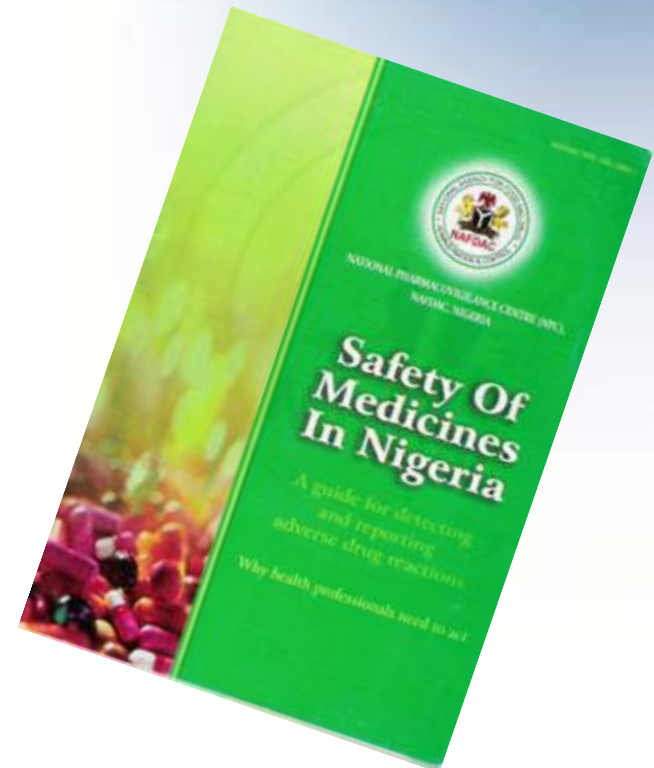
☐ หายไปโดยไม่มีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ
☐ หายไปโดยมีอาการ

ชื่อโรงพยาบาล: _____ เลขที่: _____ วันที่รายงาน: _____



Nigerian ADR form and booklet

NATIONAL PHARMACOVIGILANCE CENTRE (NPC) NIGERIA				
National Agency for Food and Drug Administration & Control (NAFDAC), Headquarters Office Abuja, Nigeria		 FORM FOR REPORTING OF SUSPECTED ADVERSE DRUG REACTIONS IN STRICT CONFIDENCE		
1. PATIENT'S DETAILS				
Full Name or Initials: _____		Patient Record No: _____		
AGE/DATE OF BIRTH: _____		SEX: M <input type="checkbox"/> F <input type="checkbox"/> WEIGHT (Kg): _____		
HOSPITAL/Treatment Centre: _____				
2. ADVERSE REACTIONS DESCRIPTION				
A		C OUTCOME OF REACTION		
		Tick as appropriate		
		<input type="checkbox"/> Recovered fully <input type="checkbox"/> Recovered with Disability <input type="checkbox"/> Congenital Abnormality <input type="checkbox"/> Hospitalization <input type="checkbox"/> Life Threatening <input type="checkbox"/> Death <input type="checkbox"/> Other (specify): _____		
Date Reaction Started: _____		Date Reaction Stopped: _____		
B		D		
Was Patient admitted YES <input type="checkbox"/> NO <input type="checkbox"/>		Adverse Event or Reaction reappeared on Rechallenge YES <input type="checkbox"/> NO <input type="checkbox"/>		
Duration of admission (days): _____		Rechallenge not done YES <input type="checkbox"/> NO <input type="checkbox"/>		
Treatment of Reaction: _____				
3. Relevant Tests/Laboratory Data:				
4. SUSPECTED DRUG (Including Biologicals, Traditional/Herbal Medicines & Cosmetics)				
A DRUG DETAILS (state name and other details if available/Attach Product label/sample (if available))				
Brand Name: _____		Generic Name: _____		
Batch Number: _____		NAFDAC No: _____		Expiry Date: _____
Name & Address of Manufacturer: _____				
B		Dosage	Route of Administration	Date Started
Indications for use: _____				Date Stopped: _____



Branding

Downloadable paper form (09)

SUSPECTED ADVERSE DRUG REACTIONS

If you are suspicious that an adverse reaction may be related to a drug or combination of drugs please complete this Yellow Card. For reporting advice please see over. Do not be put off reporting because some details are not known.

PATIENT DETAILS

Name (last, first and middle) _____ Sex: M / F _____ Weight (if known (kg)) _____

Age (at time of reaction) _____ Date started _____ Date stopped _____ Prescribed for _____

SUSPECTED DRUGS

Give brand name of drug and batch number (if known)

Route	Dosage	Date started	Date stopped	Prescribed for
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUSPECTED REACTIONS

Please describe the reaction(s) and any treatment given:

Date reaction(s) started _____ Date reaction(s) stopped _____

Do you consider the reaction to be serious? Yes / No _____

If yes, please indicate why the reaction is considered to be serious (please tick all that apply):

Patient died due to reaction ☐ Involved or prolonged inpatient hospitalization ☐

Life threatening ☐ Involved persistent or significant disability or incapacity ☐

Concurrent abnormality ☐ Medically significant, please give details: _____

OTHER DRUGS (including self-medication & herbal remedies)

Did the patient take any other drugs in the last 3 months prior to the reaction? Yes / No _____

If yes, please give the following information if known:

Drug (brand, if known)	Route	Dosage	Date started	Date stopped	Prescribed for
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional relevant information e.g. medical history, test results, known allergies, rechallenge (if performed), suspect-drug interactions. For congenital abnormalities please state all other drugs taken during pregnancy and the last menstrual period.

REPORTER DETAILS

Name and Professional Address: _____

Post code: _____ Tel No: _____

Speciality: _____ Signature: _____ Date: _____

CLINICIAN (if not the reporter)

Name and Professional Address: _____

Post code: _____ Tel No: _____

Speciality: _____ Signature: _____ Date: _____

* This is to enable you to identify the patient in any future correspondence concerning this report

Please attach additional pages if necessary

COMMISSION ON HUMAN MEDICINES (CHM)

YellowCard®
Helping to make medicines safer

**A side effect of
your medicine?**

**You can report it using
YellowCard**®


You can report suspected side effects:

- online at www.yellowcard.gov.uk
- or using a Yellow Card form.

Downloadable paper form (09)



Old Australian ADR form

 **Report of Suspected Adverse Reaction to Drugs and Vaccines**
(See reverse for statement about use of personal information)

Patient: (overseas or Recd No. only) Date of Birth: / /
Sex: M / F Weight: ___ kg
Adverse Reaction Description: Date of Onset of Reaction: / /

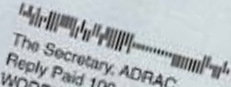
All Drug Therapy/Vaccines Prior to Reaction (please use trade names and asterisk suspected drug)	Daily Dosage (Dose for vaccines, e.g. 10 DTP etc)	Date Began	Date Stopped	Reason for Use

Treatment (if reaction):
Outcome: Recovered ☐ Date of Recovery: / / Not Yet Recovered ☐
Unknown ☐ Fatal ☐ Date of Death: / /
Sequelae: No ☐ Yes ☐ (describe)
Severity: Life threatening ☐ Hospitalised ☐ Required a visit to Doctor ☐
Comments (eg. relevant history, allergies, previous exposure to this drug):

Reporting Doctor, Pharmacist, etc: Postcode: - - - -
Name: Address: Signature: / /

Delivery Address:
PO Box 100
WODEN ACT 2606

No charge required if posted in Australia


The Secretary, ADRAC
Reply Paid 100
WODEN ACT 2606

Sender's Name and Address:

Use of Personal Information:
Full details of Immunisation Schedule vaccine events may be provided to State or Territory health departments. Identification of all other reporters, patients and institutions will remain **CONFIDENTIAL**.
Mention given will help. For maximum adhesion, please draw for a fine second.

CP1981

A5 size



How do forms from the commercial sector compare?

- Determined their forms (and image) should be more attractive and compelling than competitors'
- Design and test forms to suit audiences (empathy and research)
- Take communications design very seriously, spending time and money, always using designers and information graphics specialists



Web forms

- Simple, attractive appearance
- Clear structure and instructions
- Distinct sections and sub-headings
- Drop down options when suitable (including 'other' category)
- Rapid and smooth functionality
- Go back for review if more than one screen
- Save (complete or partially complete) and print options



[contacts](#)
[give feedback](#)
[user guide](#)

0. report info

[1. patient](#)
[2. tests and procedures](#)
[3. relevant medical history](#)
[4. relevant past drug therapy](#)
[5. reactions](#)
[6. drugs](#)
[7. assessment](#)
[8. overview](#)
[9. save](#)
[A. print report](#)

Report information - standard case

date first received at sender

(dd mm ccyy)

date first received at national centre

(dd mm ccyy)

report title

[?](#) [!](#)

type of report

spontaneous [▼](#)

serious

☐ yes ☐ no [clear](#) [?](#)

reason for seriousness

- ☐ death ☐ life-threatening [?](#)
☐ hospitalization/prolonged ☐ disabling
☐ congenital-anomaly ☐ other medically important condition

country of occurrence

Sweden [▼](#)

country of primary source

Sweden [▼](#)

does this case fulfill local criteria for an expedited report

☐ yes ☐ no [clear](#)

additional documents held by sender

☐ yes ☐ no [clear](#)

was the case medically confirmed

☐ yes ☐ no [clear](#) [?](#)

Information on sender

type of sender

- ☐ pharmaceutical company ☐ health professional [clear](#)
☐ regulatory authority ☐ regional pharmacovigilance center
☐ other

Other case identifiers in previous transmissions

contacts

give feedback

user guide

0. report info

1. patient

2. tests and
procedures

3. relevant
medical history

4. relevant past
drug therapy

5. **reactions**

6. drugs

7. assessment

8. overview

9. save

4. print report

Reaction(s) / event(s)

reporter's comments



Add new reaction

Warning
year mandatory

Reaction / event ()

reaction term

IT

contains

eng

search

suggest new WHO-ART term

reaction/event as reported by primary source

treatment of reaction

outcome of reaction

☐ recovered/resolved

☐ recovering/resolving

☐ recovered/resolved with sequelae

☐ not recovered/not resolved

☐ fatal - unrelated to reaction

☐ fatal - reaction may be contributory

☐ fatal - due to reaction

☐ unknown

[clear](#)

highlighted

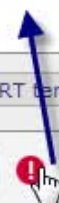
onset date

(dd mm ccyy : hh mm)

end date

(dd mm ccyy : hh mm)

duration



copy

Design and test

- Get experts to draft the form
- Design the form for visual quality as well as content
- Seek advice from reporters about what they're willing to do
- Test the form with your target audience
- Sit with reporters and watch them complete the form: what are the problems?
- Do what they suggest!





What makes you want to fill in a form?

- Attractive
- Simple
- Short



What makes you want to fill in a form? [1]

- It's a good form, and looks inviting
- It's seen as a priority
- Context and meaning are understood
- You feel well disposed towards the sender
- Appears to be good reason for completing the form
- Evident beneficial personal, medical or scientific effects from completing form



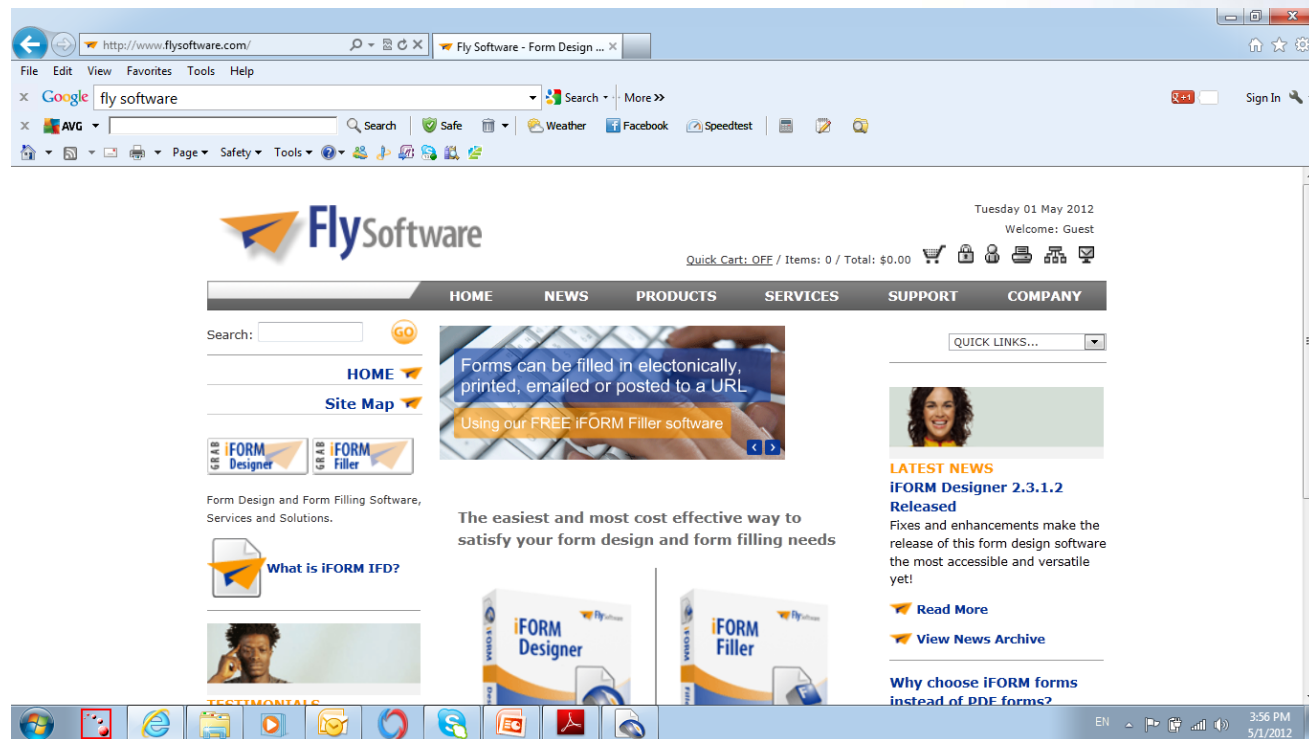
Use experts

- Forms are a challenging, specialist item, requiring specialist design skills
- Officials and scientists are not designers and do not produce good design
- In common use, Microsoft Word is not a design tool and its output is flat and unimaginative



Software for forms

- Many options
- One software package: www.flysoftware.com



What makes you want to fill in a form? [2]

- You know the effort will be appreciated
- You know there will be personal and professional feedback

- It's worth the effort!



Psychological issues

- Attitude of the sender of form towards the person completing the form (empathetic or bureaucratic?)
- The attitude of the person completing form towards the sender of form (alienated or collaborative?)
- Motivation of person completing form and perceived benefits (indifference or enthusiasm?)
- Balance between effort/time involved and satisfaction or reward of completing it
- The whole context of reporting: culture (is the relationship one of friendly professional collaboration?)




**Is there really no
alternative to using
a form?**



Learn from others...

- For decades, Poison Centres have collected vital safety information on millions of cases without having reporters fill in forms at all

Who Can I Call for HELP?



**POISON
Help**
1-800-222-1222

TEXAS POISON CENTER NETWORK

*Your source
of HELP for:* **Poisonings
Or
Toxic Substance Emergencies,
including during
Natural Disasters or Terrorist Events.**

IF YOU SUSPECT THAT YOU HAVE BEEN EXPOSED
TO A POISON OR TOXIC SUBSTANCE, CALL FOR **HELP**.
The call is free...peace of mind is priceless!



The North Texas Poison Center began a 24-hour hotline staffed by registered nurse specialists in 1984.

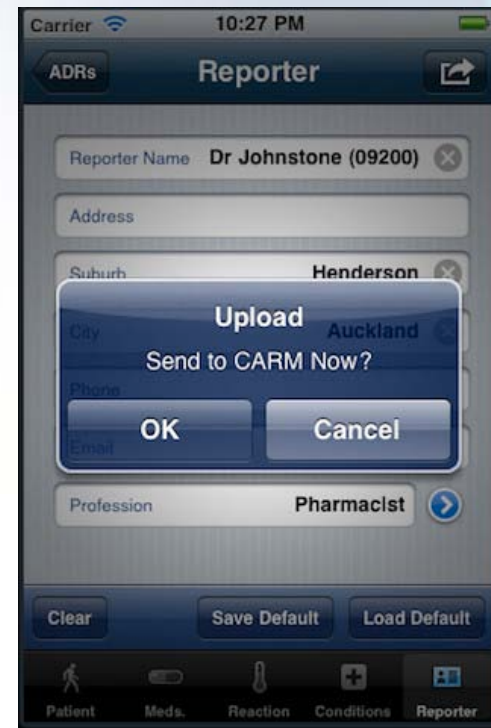
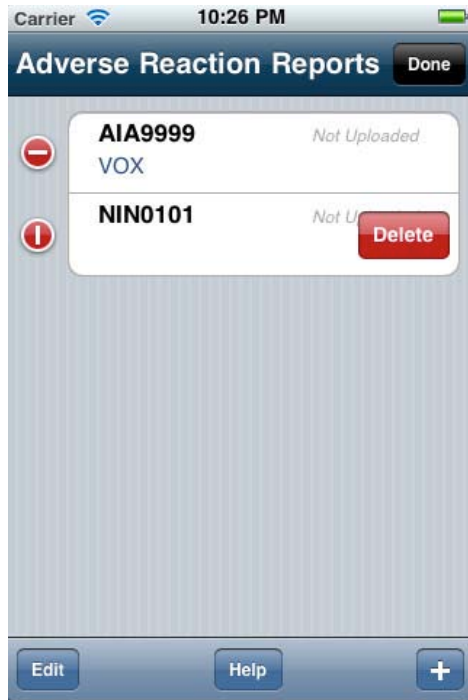


Many alternatives

Remove the burden of detail from the reporter

- SMS or email alert to NC that there's an ADR to report
- Pre-paid, addressed postcard (or fax sheet) pre-printed with all reporter's details, with tick-box 'I have an ADR to report'
- Direct telephone line to NC
- Mechanism for providing ABSOLUTE minimum info (e.g. ADR, suspected drug, patient sex and age)





New Zealand





Further alternatives

Paper or web form

Absolute minimum
essential information

Second level useful
information
(optional)

Full additional
information
(optional)



What makes you irritated when filling in a form? [1]

- Uncertainty why form is necessary
 - Simplicity and clarity of purpose
- Form looks complicated and unattractive
 - Open, inviting design, with breathing space
- Excessive or bureaucratic detail
 - Absolute minimum detail for acceptable first stage
- Complexity and length of time required
 - Simplicity of enquiry and sensible time limit



What makes you irritated when filling in a form? [2]

- Information required demanding troublesome search for details
 - Reduce to absolute minimum; make optional
- Information required which sender could be expected already to have
 - Pre-print all reporter's professional data
- Repetition of personal or other details (within form or from form to form)
 - Pre-print all reporter's professional data



What makes you irritated when filling in a form? [3]

- Inadequate space for answers
 - Provide adequate space
- Questions which are not clear as to their purpose, rationale or requirements
 - Make it clear why data is needed
- Information which appears superfluous
 - Make it clear why data needed OR remove requirement



What makes you irritated when filling in a form? [4]

- Significant information which you have but are not asked for or cannot fit on the form
 - Space for extra comments or observations
- Inability to express your view within constraints of form
 - Space for extra comments or observations
- Complex or expensive return mechanism
 - Provide simplest and cheapest possible mechanism
- No apparent benefit for effort
 - Promise acknowledgement and feedback



Key points

- ADR forms are an element of the regulatory and general medical culture (good or bad)
 - Engage actively with your audience
- Communicating and motivating are high-energy activities; require skill and creativity
 - Get expert help (design and information graphics) and consult your audience
- Reporting methods must be developed and tested collaboratively (joint enterprise)
 - Get to know your audience and test materials



Key points

- Reporting methods must be easy to complete, attractive, self-explanatory
 - Research maximum effort reporters are willing to make; keep it simple
- Reporting methods must be part of ongoing positive, *interactive* processes and relationships
 - Bureaucrats and officials struggle to get results; you must be *partners*



A cynical ending...

- Few of the essential lessons in this session have been translated into action anywhere in the world
- Bureaucratic inertia, lack of imagination, laziness and following well-trodden paths always get in the way of imagination and creativity
- Boring, traditional forms and processes mean alienated reporters and low levels of reporting – and unnecessary harm to patients





Over to you!

*Do something
original and
effective!*

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