Surge Laboratories Pvt. Ltd.	*Pharmacovigilance Department*
Title:- Product Quality Complaint (PQC) Form	**PVD-QSF-007**
	SOP Ref # PVD-SOP-007
	Page No: - 1 of 1

Report No: _____	Division Name: _____	Report Type: Initial ☐ Follow-Up ☐
First Notified: Date: _____	Completed By: _____	Date Of Report: _____

Initial Reporter

Initial Reporter: Patient ☐ Physician ☐ Pharmacist ☐ Nurse ☐ Anonymous ☐ Others :_____

Language: English ☐ Other _____ Title: Dr. ☐ Mr. ☐ Ms. ☐ Mrs.☐ Other _____

First Name: _____ Last Name: _____ Family Name: _____

CNIC Number: _____ Address: _____ City: _____

State/Province/Region: _____ Postal Code: _____ Country: _____ Ph #: _____ Cell #: _____

Fax #: _____ E-mail Address: _____ Practice Name: _____

Event Occurred At (location) : _____ Physician Aware Of Event : Yes ☐ No ☐ Unknown ☐ N/A ☐

Permission To Contact Reporter : Yes ☐ No ☐ Unknown ☐ N/A ☐

Product Information

Product Brand Name (As on Label): _____ Product Generic Name: _____ Packaging (e.g. 60ml): _____

Strength (As on Label): _____ Active Ingredients: _____ Dosage Form (e.g. Tab, Cap, Inj, etc.): _____

Reg/Enlist No. (As on Label): _____ Batch No (As on Label): _____ Manufacturer Name: _____

Manufacturing Date (As on Label): _____ Expiry Date (As on Label): _____

Place Purchased: Pharmacy ☐ Sample ☐ Unknown ☐ Other _____

Place where drug administered? _____ Is sample available for further investigation: Yes ☐ No ☐ Other _____

Where from you get/purchased this product (Pharmacy / Hospital Name): _____

Address from where you get/purchased this product: _____

Quality Defect Information

Please give all the details of the defect and any related information:

Prescription Information

Is the product a prescription medication: Yes ☐ No ☐ Unknown ☐ Is the prescription available: Yes ☐ No ☐

Name of the Prescriber: _____

Address of Prescriber: _____

Indication(s) for use: _____

Q.A

Was an Adverse Event associated with this Product Quality Complaint? Yes ☐ No ☐ If yes, indicate details: _____

NOTE: please attach the following documents with this report: 1. All prescriptions 2. Product Sample 3. Product purchase receipt