自发来源疑似药品不良反应信息登记表

登记号： 接收部门： 登记人： 登记日期：

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| 信息提供者 姓名 职业 医生□ 药师□ 护士□ 其他医务人员□ 消费者□ 其他人员□  所在单位： 联系电话： 电子邮箱： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名\* | | | 性别\* | | | 出生日期\* | | | | | | 年龄 | | | 国籍 | | | | | 民族/种族 | | | | | 身高（cm） | | 体重（kg） | | | | | 联系电话 | | | |
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| 医疗机构/经营企业名称： | | | | | | | | | | | | | | | 既往药品不良反应及药物过敏史 有□ 无□ | | | | | | | | | | | | | | | | | | | | |
| 病历号/门诊号： | | | | | | | | | | | | | | |
| 相关重要信息：  吸烟 有□无 □ 不详□饮酒 有□无 □ 不详□  其他过敏史 有□无 □ 不详□  其他（如肝病史，肾病史,家族史） 有□无 □ 不详□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 相关疾病信息 （可重复） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 疾病名称 | | | | | | | | | | | | | | | | | 开始日期 | | | | | | | | | | 结束日期 | | | | | |
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| 用药情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 来源 | 序号 | 批准文号 | | 通用名称 | 剂型 | | 规格 | | 生产企业 | | | | 产品批号 | 有效期至 | | | | | 用法用量 | | | | | | 用药日期 | | 用药时间 | | | 治疗疾病 | | | 是否存在以下情况(可多选)注1 | | 对药品采取的措施注2 |
| 给药途径 | 单次剂量 | | 给药频次 | | | 起 | 止 |
| 本公司 |  |  | |  |  | |  | |  | | | |  |  | | | | |  |  | |  | | |  |  |  | | |  | | |  | |  |
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| 其他公司 |  |  | |  |  | |  | |  | | | |  |  | | | | |  |  | |  | | |  |  |  | | |  | | |  | |  |
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| 注1:1-假药 2-用药过量 3-父源暴露 4-使用了超出有效期的药品 5-检测并合格的批号 6-检测并不合格的批号 7-用药错误 8-误用 9-滥用 10-职业暴露 11-超说明书使用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注2:1-停止用药 2-减少剂量 3-增加剂量 4-剂量不变 0-不详 9-不适用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 相关器械：有□无 □ 不详□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 不良反应（可重复） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 发生时间： 年 月 日 结束时间： 年 月 日 持续时间： （分/小时/天） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 不良反应过程描述（包括发生场所、症状、体征、临床检验等）及处理情况（可附页）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡时间： 年 月 日 直接死因：  是否尸检：是□ 否□ 不详□ 尸检结果： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 相关实验室检查信息 (可重复） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 检查项目 | | | | | | | | | 检查日期 | | | | | | | | | | | 结果 （单位） | | | | | | | | | | 正常值范围 (低值- 高值） | | | | |
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| 妊娠报告有关信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 父/母姓名 | | | | | 性别 | | | | | | 出生日期 | | | | | | 年龄 | | | | | | | 身高（cm） | | | | | 体重（kg） | | | | | 末次月经时间 | |
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| 妊娠相关描述项（既往妊娠史，本次妊娠单胎、多胎，妊娠结局，生产方式，胎儿结局等）（可附页）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 相关疾病信息 （可重复） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 疾病名称 | | | | | | | | | | | | | | | | | 开始日期 | | | | | 结束日期 | | | | | 报告当时疾病是否仍存在 | | | | | | | |
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| 既往用药史（可重复） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 药物名称 | | | | | | | 开始日期 | | | | | | | | 结束日期 | | | | | | | | 治疗疾病 | | | | | | | | | | | |
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| 2 |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
| 其他情况说明 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附件材料目录 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |