Laboratoires **FRILAB SA**	**FORM** **ADVERSE REACTION REPORTING FORM**	**FOR-19.09** **Effective date :** **13.07.2025**

CASE RECEPTION	
Date of receipt	
Country	
Name / function of Frilab collaborator	
Laboratory responsible for the product	

REPORTER		
Quality	☐ Patient ☐ Pharmacy ☐ Physician	☐ Healthcare institution ☐ Wholesaler / distributor ☐ Other, specify
Name / First name		
Institution / Company		
Address		
Phone		
Email		

DRUG INFORMATION	
Name and pharmaceutical form	
Batch number	
Expiry date	

PATIENT	
Initials (first 3 letters)	
Sex	☐ Male ☐ Female
Age	

SUBJECT	
Detailed description	

Completed form to be sent to : pharmacovigilance@frilab.ch