ADVERSE EVENT REPORT

Date of this Report (dd/mm/yyyy)

PATIENT INFORMATION

Initials | Age | Date of Birth (dd/mm/yyyy)

Male ☐ Female ☐ let me type gender

AMGEN DRUG

Amgen Drug Name | Dose | Frequency | Route

Date of First Dose | Date of Last Dose before Event

ADVERSE EVENT

Event Term | Event Start Date (dd/mm/yyyy) and Time (HH:MM; 24 hr)

Event Description

Diagnostic Tests

Treatment

The patient recovered from the event.	Yes ☐	Date (dd/mm/yyyy)		No ☐	Unknown ☐		
The patient passed away because of the event.	Yes ☐	Date (dd/mm/yyyy)		No ☐	Unknown ☐		
The event was life-threatening.	Yes ☐	No ☐	Unknown ☐				
The event caused persistent or significant disability.	Yes ☐	No ☐	Unknown ☐				
Hospitalization or prolongation of hospitalization was needed.	Yes ☐	No ☐	Unknown ☐				
The event involved congenital anomaly or birth defect.	Yes ☐	No ☐	Unknown ☐				
The event subsided after withdrawal of the drug.	Yes ☐	No ☐	Unknown ☐				
The event reoccurred after restarting the drug.	Yes ☐	No ☐	Unknown ☐				

In which country did the event occur?

MEDICAL HISTORY (Past and current medical conditions, surgical procedures, allergies, pregnancy, lactation, family medical history, etc.)

OTHER ONGOING MEDICATION (Name, dose, frequency, route)

REPORTER

Name:

Country:

E-mail:

Phone:

Is the reporter a healthcare provider? Yes ☐ No ☐

If not, please provide contact details of the patient's physician:

Physician's Name: | E-mail: | Phone:

To report the adverse event to Amgen, please save the form on your computer, complete it, and e-mail it to australiansafety@amgen.com.

Amgen Australia, Level 11, 10 Carrington Street, Sydney, NSW, 2000, Australia.

Version 25NOV22