



### A. Patient and Health Facility Information

Name/Patient ID number (as in DRTB Register):		Treatment Centre:	
Date of Birth ( <i>or</i> Age):		Province:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
HIV status:	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Reactive	
Pregnancy:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Trimester:
Weight (kg):		Height (cm):	BMI:

**B. Adverse events experienced by patient** (including abnormal investigations)

Adverse event	Onset date	End date	Severity grade	Seriousness *	Outcome §

\* Please select: *D* died      *LT* life threatening      *HA* caused or prolonged hospital admission      *PD* permanent disability  
*OS* other medically serious      *CA* congenital abnormality      *NS* not serious

§ Please select: *A recovered* *B recovering* *C recovered with residual effects* *D died* *E not recovered* *F unknown*

Detailed description of adverse event(s):

Was treatment of adverse event required? ☐ No Yes (please specify):

### C. Laboratory assessment: Results of tests and procedures

[illegible]

**D. Medicines:** DR-TB Regimen and other concomitant medicines, vaccines, traditional / herbal medicines and dietary supplements

☒ Tick if medicine suspected of causing adverse event[illegible]

† Action taken in response to AE:	DW drug withdrawn	DR dose reduced	DI dose increased	DNC dose not changed	UK unknown	NA not applicable
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‡ Response to action taken: **RA** recovered **NE** no effect on AE **FA** fatal AE **UN** unknown **NA** not applicable

### E. Re-challenge information

List any medicines that were restarted and indicate effect on adverse event

[illegible]



Government of Nepal  
Health Management Information System  
**aDSM Adverse Event Recording/Reporting Form**

HMIS 6.10

**F. Other relevant information e.g. medical history, concurrent illnesses, smoking, alcohol use and Hospital Management**

**G. Causality Assessment at Treatment Center Level**

1. Certain    2. Probable    3. Possible    4. Unlikely    5. Unassessed    6. Un-assessable

Comments:

**H. Final AE/SAE Summary**

Adverse Events Description:

Event Start date

Event End date

Severity Grading

Event classified: 1. Serious    2. Not – Serious (Based on Annex 2)

Narrative / Additional information (Final Result):

**G. Reporter Information**

Name:

Phone number:

Email:

Occupation:    ☐ Doctor    ☐ Nurse    ☐ Paramedics    ☐ Other (please specify):

Signature:

Date

**Submit form to:**

Email to: M&E Unit, NTCC: [ntpadsm@gmail.com](mailto:ntpadsm@gmail.com)

**NTC Use Only:**

Date received by

NTCC:

Causality assessment:    ☐ Certain    ☐ Probable    ☐ Possible    ☐ Unlikely    ☐ Unassessed    ☐ Un-assessable

Comment:

Reported to DDA:    ☐ No    ☐ Yes

Date reported to  
DDA: