

# TANZANIA DRUG AND TOXICOLOGY INFORMATION SERVICES (TADATIS)

(Note: Identities of reporter, patient and institution will remain confidential)

Patient Initials or Record No 
 Age 
 Sex  Female  Male 
 Weight 
 Height 
 Date of Birth

**Adverse drug reaction description:** 
**Date of onset reaction**

| All drug therapy prior to reaction (birth) use brand name if known and tick suspected drug | Route                | Daily Dose           | Date Started         | Date stopped         | Reason for use       |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="checkbox"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Treatment (of reaction):**

**Outcome:** Recovered  Not yet recovered   
 Unknown  Fatal  Died

**Rechallenge:** Positive  Negative  Not done

**Sequelae:** No  Yes  Describe

**Comments (e.g relevant history, allergies, previous exposure to this drug):**

**Reporting Doctor, Pharmacist, etc**  
 Name   
 Address   
 e-mail   
 Phone