

**TANZANIA FOOD AND DRUGS AUTHORITY**



**GUIDELINES FOR REPORTING OF SAFETY DATA IN CLINICAL TRIALS**

***(Made under Section 70(2) of the Tanzania Food, Drugs and Cosmetics Act, 2003)***

**First draft**

**May 2011**

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**Abbreviations**

<b>ADRs</b>	-	Adverse Drug Reactions
<b>AEs</b>	-	Adverse Events
<b>CRF</b>	-	Case Report Form
<b>GCP</b>	-	Good Clinical Practice
<b>ICH</b>	-	International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use
<b>IP</b>	-	Investigational Product
<b>SAE</b>	-	Serious Adverse Event
<b>SUSARs</b>	-	Suspected Unexpected Serious Adverse Reactions
<b>SOPs</b>	-	Standard Operating Procedures
<b>TFDA</b>	-	Tanzania Food and Drugs Authority

## **Acknowledgement**

The Guidelines for handling, assessing and reporting safety data in Clinical Trials has been developed to outline requirements for monitoring safety of Investigational Medicinal Products in Tanzania. The development of this edition was done by considering other international guidelines used by developed and developing countries. Similarly Guidelines for application to conduct clinical trials in Tanzania as well as ICH guidelines for reporting serious adverse events were considered.

I would like to express my profound gratitude to all those who made their source materials to be available for adaptation as well as the people mentioned below for their time and tireless effort during drafting and writing of the guidelines.

- Dr. Nditonda N. Chukilizo - Tanzania Food and Drugs Authority
- Mr. Erasto Moshia - Tanzania Food and Drugs Authority
- Ms. Mary Masanja - Tanzania Food and Drugs Authority
- Ms. Sonia Mkumbwa - Tanzania Food and Drugs Authority
- Mr. Henry Irunde - Tanzania Food and Drugs Authority
- Ms. Alambo Mssusa - Tanzania Food and Drugs Authority
- Dr. Alex N. Nkayamba - Tanzania Food and Drugs Authority
- Ms. Johary Mirambo - Tanzania Food and Drugs Authority
- Mr. Iskari Fute - Tanzania Food and Drugs Authority

The valuable inputs received from Prof. Karim Manji, Dr. Doreen Mloka, Mrs. Joyce Ikingura, Dr. A. Kamuhabwa and Dr. Rose Kingamkono and are also acknowledged.

Special thanks goes to TFDA management their encouragement and for financial support which assisted in the development of these guidelines.

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## **Foreword**

These first draft guidelines for reporting of safety data in Clinical Trials in Tanzania have been prepared by Tanzania Food and Drug Authority (TFDA). The guidelines have been made under the provision of Section 63(1) of Tanzania Food, Drugs and Cosmetics Act, 2003.

The edition will be modified whenever necessary depending on the scientific innovative development in management of Clinical Trials Safety data and any other requirements at specific time.

The authority has a legal responsibility of receiving and assessing all the Safety data occurring in Clinical Trials conducted in Tanzania. It is therefore anticipated that Safety data for Clinical Trials conducted in Tanzania will be managed and reported accordingly.

These guidelines provide stipulated information on the minimum requirements for a complete Adverse Event report. It has clarified the types of Adverse Events needed to be reported and the corresponding time frame. The reported Adverse Event should have been assessed and in this draft it has been stated clearly that the Sponsors of Clinical Trials are obliged with assessment and reporting of Adverse Events.

The guidelines can be used as a guiding tool on reporting of Adverse Events by Sponsors of Clinical Trials, Principal Investigators, Researchers, Contract Research Organizations (CROs), National Ethics Committee and whoever participates in the Clinical Trials.

The credibility of Safety data will depend on completeness and good handling of the particular data therefore these guidelines will high lightened the knowledge of all Scientist involved in Clinical Trials at each level to ensure that the report content is always reliable.

It is the expectation of TFDA that the guidelines will enable consistent and uniform documentation of safety data of clinical trials make easier for the Authority to evaluate them and make proper conclusion, recommendation or any mandatory regulatory decision.

**Hiiti B. Sillo**  
**Director General**  
**Tanzania Food and Drugs Authority**

## **Introduction**

The safety of human participants in clinical research is of paramount importance, therefore there is a need for systematic clinical evaluation of safety reports to ensure that reported cases are correctly interpreted given the symptoms and or diagnosis of the conditions presented by participants. Conversely, comprehensive assessment of safety data is crucial to allow continuation of the trial and understanding of the product potential benefits and risk before marketing.

The safety evaluation during clinical drug development is expected to characterize and quantify the safety profile of a drug over a reasonable duration of time consistent with the intended long-term use of the drug.

The Tanzania, Food, Drugs and Cosmetics Act 2003, provides for regulation and of clinical trials in Tanzania. Section 70 (2) requires any person conducting clinical trials to immediately report any serious or adverse effects or reaction observed during the trial.

The purpose of expedited reporting is to make regulators, investigators, and other appropriate people aware of new, important information on serious reactions. While there are benefits associated with participant/participant participation in clinical trials e.g. gaining access to new treatments that are not yet available to the public, clinical trials may also have risks for participating participants.

These guidelines therefore outline the reporting requirements among Investigators, CROs and Sponsors. In this respect it defines proper management of safety report from collection at the clinical trial site to communications with TFDA. The guide describes how such data should be handled, focuses on reporting timelines where SUSARs and SAE are required to be expedited reported in order to bring awareness to regulators, investigator studying the product and sponsors on new important reaction and possibly to facilitate other action.

This document also lays down information to be included in the safety report, the format and content of the safety report in clinical research carried out in the country will base on the established CIOM form.

## **Scope**

These guidelines apply to Clinical trials of medicinal products, in medical devices, herbal medicines and biologicals (e.g. vaccines, blood products etc). They also cover Bioavailability and Bioequivalence studies.

## **Responsibility**

Site Investigators have obligation to document and report safety information to the Sponsor.

The Sponsor must retain detailed records of safety information reported by the investigator (s) and ensure that all reports required by TFDA are submitted on time.

Such reporting is not merely a legal requirement, but a necessity for safeguarding study participants.

## **Definition of terms**

### ***Adverse Drug Reactions (ADRs)***

All noxious and unintended responses to a clinical trial medicinal product related to any dose or all unintended noxious responses to a registered medicinal product which occurs at doses normally used in humans for prophylaxis, diagnosis, or therapy of diseases or for modification of physiological function.

### ***Adverse Event (AE)***

Any untoward medical occurrence in a participant or clinical investigation study participant administered a pharmaceutical product and which does not necessarily have a causal relationship with the treatment. An adverse event (AE) can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporarily associated with the use of an investigational medicinal product (IMP), whether or not related to the IMP.

### ***Blinding***

A procedure in which one or more parties to the trial are kept unaware of the treatment assignment(s). Single-blinding usually refers to the study participant(s) being unaware and double-blinding usually refers to the study participant(s), investigator(s), monitor, and in some cases, data analyst(s) being unaware of the treatment assignment(s).

### ***Case Report Form (CRF)***

A document that is used to record data on each trial participant during the course of the trial, as defined by the protocol. The data should be collected by procedures which guarantee preservation, retention and retrieval of information and allow easy access for verification, audit and inspection.

### ***Clinical Trial/Study Report***

A written description of a trial/study of any therapeutic or prophylactic agent conducted in human study participants in which the clinical and statistical description, presentations and analyses are fully integrated into a single report.

### ***Comparator (Product)***

A medicinal or marketed product (i.e. active control), or placebo, used as a reference in a clinical trial.

### ***Confidentiality***

Maintenance of the privacy of trial participants including their personal identity and all personal medical information.

### ***Data and Safety Monitoring Board (DSMB)***

An independent data monitoring committee that may be established by the sponsor to assess at intervals the progress of a clinical trial, the safety data and the critical efficacy endpoints and to recommend to the sponsor whether to

continue, modify, or stop a trial.

***Good Clinical Practice (GCP)***

A standard for the design, conduct, performance, monitoring, auditing, recording, analyses and reporting of clinical trials that provide assurance that the data and reported results are credible and accurate and that the rights, integrity, and confidentiality of trial study participants are protected.

***Interim Clinical Trial/Study Report***

A report of intermediate results and their evaluation based on analyses performed during the course of a trial.

***Investigational medicinal Product***

A pharmaceutical form of an active ingredient or placebo being tested or used as a reference in a clinical trial, including a product with a marketing authorization when used or assembled (formulated or packaged) in a way different from the approved form, or when used for an unapproved indication, or when used to gain further information about an approved use.

***Investigator***

A physician, dentist or other qualified person who conducts a clinical trial at a trial site. See also Sub-investigator.

***Investigator's Brochure (IB)***

A compilation of the clinical and non-clinical data on the investigational product(s) which is relevant to the study of the investigational product(s) in human study participants.

***Multi-center Trial***

A clinical trial conducted according to a single protocol but at more than one site, and therefore, carried out by more than one investigator.

***Principal Investigator (PI)***

A person responsible for the conduct of the clinical trial at a trial site who is a physician, dentist or other qualified person, citizen of Tanzania and a member of good standing of a professional association. If a trial is conducted by a team of individuals at a trial site, the principle investigator is the responsible leader of the team.

***Protocol***

A document which states the background, rationale and objectives of the trial and describes its design, methodology and organization, including statistical considerations, and the conditions under which it is to be performed and managed. The protocol should be dated and signed by the investigator, the institution involved and the sponsor. It can also function as a contract.

***Sponsor***

An individual, company, institution or organization which takes responsibility for the initiation, management and/or financing of a clinical trial.

***Trial participant***

An individual who participates in a clinical trial either as a recipient of the investigational medicinal product(s) or as a control

***Study participant Identification Code***

A unique identifier assigned by the investigator to each trial study participant to protect the study participant's identity and used in lieu of the study participant's name when the investigator reports adverse events and/or other trial related data.

***Trial Site***

The location(s) where trial-related activities are actually conducted.

***Unexpected Adverse Drug Reaction***

An adverse reaction, the nature or severity of which is not consistent with the applicable product information (e.g., Investigator's Brochure for an unapproved investigational product or package insert/summary of product characteristics for an approved product).

***Suspected Unexpected Serious Adverse Reaction (SUSAR)***

Is a serious adverse reaction where the nature and severity of the event is not consistent with the medicinal product/ medical product.

Any serious adverse event occurring in one or more participants in research protocols, the nature and severity or frequency of which is not consistent with either:

- i) The known or foreseeable risk of adverse event associated with the procedures involved in the research that are described in (a) the protocol-related document, such as the approved research protocol, any applicable investigator brochure, and the current approved informed consent document and (b) other relevant sources of information, such as product labelling and package insert or
- ii) The expected natural progression of any underlying diseases, disorder, or condition of the participant(s) experiencing the adverse event and the participant's predisposing risk factor profile for the adverse event.

## **1.0 REPORTING OF ADVERSE EVENTS**

When an adverse event occurs, Investigator has to fill the CRF and complete the Adverse Event Reporting form approved in the protocol or CIOMS form (Annex 1) and send to the sponsor.

The protocol approved event reporting form shall contain as a minimum key data elements stipulated in section 3.0 of these guidelines.

Adverse events occurring during clinical trials that shall be reported to TFDA includes; Serious Adverse Events, Suspected Unexpected Serious Adverse Reaction and Other protocol – defined reporting. Also SAEs and SUSARs occurring from sites outside the country for multicenter trials shall be reported to TFDA.

The report should include laboratory abnormalities, abnormal vital signs and abnormal physical observations that were considered serious adverse events.

The sponsor shall also ensure that the interim safety data analyses from Data Safety Committee or Data Safety Monitoring Board are submitted to TFDA.

The report will be submitted to TFDA by the sponsor or sponsor's designee by courier, mail, e-mail (as an attachment) to [info@tfda.or.tz](mailto:info@tfda.or.tz) or fax.

All reports submitted will be kept CONFIDENTIAL.

Some of the reports should be reported expeditedly while other will need to be reported under routine basis as provided below.

### **1.1 Expedited reporting**

#### **1.1.1 Fatal or Life-Threatening SAEs and SUSARs**

These should be reported to TFDA within 24 hours by telephone, facsimile transmission, or e-mail followed by a complete report within 7 additional calendar days. The report must include an assessment of the importance and implication of the findings, including relevant previous experience with the same or similar medicinal products.

All deaths during the study, including the post treatment follow-up period, and deaths that resulted from a process that began during the study, should be reported.

#### **1.1.2 Other SAEs and SUSARs**

All other SAEs and SUSARs that are not fatal or life-threatening must be filed as soon as possible but no later than 14 calendar days after first knowledge by the sponsor.

### **1.1.3 Any other protocol- defined event(s)**

They should be reported as defined in the protocol.

### **1.1.4 Other Unanticipated problems**

Other situations that should be communicated to TFDA within 14 calendar days are those that

- Might materially influence the benefit-risk assessment of Investigational Medicinal Product or would be sufficient to consider changes in product administration or in the overall conduct of a clinical investigation.
- Marked haematological and other laboratory abnormalities (other than those meeting the definition of serious) and any events that led to an intervention, including withdrawal of test drug/investigational product treatment, dose reduction, or significant additional concomitant therapy, other than those reported as serious adverse events.
- Appropriate medical and scientific judgment should be applied for each situation e.g.
  - a) For an "expected," serious ADR, an increase in the rate of occurrence which is judged to be clinically important.
  - b) A significant hazard to the patient population, such as lack of efficacy with Investigational medicinal product used in treating life-threatening disease.
  - c) A major safety finding from a newly completed animal study (such as carcinogenicity).

#### **NB:**

- Regulatory clock starts when the sponsor receives a safety or problem report.
- SAEs, SUSARs and unanticipated problems occurring from sites outside the country for multicenter trials shall be reported expeditedly.

## **1.2 Reports from blinded trials**

In blinded trials eg double blind studies, when a serious adverse event is judged reportable on an expedited basis, the blind may only be broken for that specific patient by the sponsor even if the investigator has not broken the blind. It is recommended that, when possible and appropriate, the blind be maintained for those persons, such as biometrics personnel, responsible for analysis and interpretation of results at the study's conclusion.

When a fatal or other "serious" outcome is the primary efficacy endpoint in a clinical investigation, the integrity of the clinical investigation may be compromised if the blind is broken. Under these and similar circumstances, it may be appropriate to reach agreement with TFDA in advance concerning serious events that would be treated as disease-related and not participant to routine expedited reporting

### **1.3 Post-study Events**

Any Post study serious adverse events collected by sponsor after the patient has completed a clinical trial (including any protocol required post-treatment follow-up) should be reported to TFDA.

Such cases shall be regarded for expedited reporting purposes as though they were study reports. Therefore, a causality assessment and determination of expectedness are needed for a decision on whether or not expedited reporting is required.

When additional medically relevant information is received for a previously reported case, the reporting time is considered to begin again for submission of the follow-up report. In addition, a case initially classified as a non-expedited report, would qualify for expedited reporting upon receipt of follow-up information that indicates the case should be re-classified (e.g., from non-serious to serious).

### **1.4 Routine reporting**

All interim safety data analysis reports and a compilation of safety data after completion of the study should be reported as soon as the analysis is completed.

If reactions associated with active comparator drug or placebo occur, the sponsor shall report such reactions to TFDA on routine basis.

## **2.0 ASSESSMENT OF ADVERSE EVENTS**

Analysis of safety-related data can be considered at three levels. First, the extent of exposure (dose, duration, number of patients) should be examined to determine the degree to which safety can be assessed from the study.

Second, the more common adverse events, laboratory test changes etc. should be identified, classified in some reasonable way, compared for treatment groups, and analysed, as appropriate, for factors that may affect the frequency of adverse reactions/events, such as time dependence, relation to demographic characteristics, relation to dose or drug concentration etc. Finally, serious adverse events and other significant adverse events should be identified, usually by close examination of patients who left the study prematurely because of an adverse event, whether or not identified as drug related, or who died.

Sponsors should ensure that all adverse events reports are assessed before being submitted to TFDA. The assessment should consider the following;

### **2.1 Seriousness**

A serious adverse event (experience) or reaction is any untoward medical occurrence that at any dose:

- Results in death,
- Is life-threatening, NOTE: The term "life-threatening" in the definition of "serious" refers to an event in which the patient was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe.
- Requires inpatient hospitalization or prolongation of existing hospitalization,
- Results in persistent or significant disability/incapacity, or
- Is a congenital anomaly/birth defect.
- Any other event which may jeopardize the patient or may require intervention to prevent one of the above outcomes.

### **2.2 Relationship to the Investigational Product**

The site investigator shall assess the relationship between the AE and the Investigational Product(s) to determine whether there is a reasonable possibility that the Investigational Product(s) caused or contributed to the SAE. The assessment shall be based on clinical judgment which often relies on the following:

- A temporal relationship between the event and administration of the Investigational Product(s)
- A plausible biological mechanism for the agent to cause the AE
- Another possible etiology for the AE
- Previous reports of similar AEs associated with the Investigational Product or other agents in the same class
- Recurrence of the AE after re-challenge or resolution after de-challenge, if applicable

The outcome of assessment will be categorized into:

- Related when there is a reasonable possibility that the AE may be related to the Investigational Product(s) and
- Not related when there is not a reasonable possibility that the AE is related to the Investigational Product (s)

When a SAE is assessed as “not related” to Investigational Product(s), an alternative etiology, diagnosis, or explanation for the SAE should be provided. If new information becomes available, the relationship assessment of any AE should be reviewed again and updated, as required.

When the Investigational Product is fixed dose combination agent, an assessment of attribution will be made for each component and the combination agent.

## **2.3 Expectedness**

When there is reasonable possibility that the adverse event may be related to Investigational Product, the investigator should further classify them into either expected or unexpected.

Assessment of the expectedness of an AE with the IP is performed only for the SUSAR reporting category.

### **1.1.1 Expected AEs**

These are AEs that have been previously observed with use of the Investigational Product (s) and are listed in the package insert or Investigator’s brochure. Expectedness is not based on what might be anticipated from the pharmacological properties of the Investigational Product.

### **1.1.2 Unexpected AEs**

These are AEs for which the nature or severity (intensity) is not consistent with the applicable agent information (Investigator’s Brochure, package insert, or summary of agent characteristics).

## **2.4 Severity**

The term “severity” describes the intensity of a specific event.

All events reported to TFDA in an expedited fashion must be graded for severity.

The severity of the parameters ranges from grade 1 (mild) to grade 4 (potentially life threatening). Death is defined as grade 5 severity.

Unless stated otherwise in the protocol, Investigators shall use the following Adverse Event grading scale to determine the severity of the AE;

- Mild (1),
- Moderate (2),
- Severe (3),
- Potentially Life-Threatening (4),
- Death (5)

The severity of an AE does not determine whether an event meets the definition of seriousness, which is based on participant/event outcome or action criteria associated with events that pose a threat to a participant’s life or functioning.

## **2.5 Individual Clinically Significant laboratory Abnormalities**

Clinically significant changes should be discussed. A narrative of each patient whose laboratory abnormality was considered a serious adverse event and, in certain cases, considered another significant adverse event, should be provided.

When toxicity grading scales are used, changes graded as severe should be discussed regardless of seriousness. An analysis of the clinically significant changes, together with a recapitulation of discontinuations due to laboratory measurements, should be provided for each parameter.

The significance of the changes and likely relation to the treatment should be assessed, e.g., by analysis of such features as relationship to dose, relationship to drug concentration, disappearance on continued therapy, positive dechallenge, positive rechallenge, and the nature of concomitant therapy.

## **2.6 Safety conclusions**

The overall safety evaluation of the test drug(s)/investigational product(s) should

be reviewed, with particular attention to events resulting in changes of dose or need for concomitant medication, serious adverse events, events resulting in withdrawal, and deaths. Any patients or patient groups at increased risk should be identified and particular attention paid to potentially vulnerable patients who may be present in small numbers, e.g., children, pregnant women, frail elderly, people with marked abnormalities of drug metabolism or excretion etc. The implication of the safety evaluation for the possible uses of the drug should be described.

The discussion and conclusions should clearly identify any new or unexpected findings, comment on their significance and discuss any potential problems such as inconsistencies between related measures. The clinical relevance and importance of the results should also be discussed in the light of other existing data. Any specific benefits or special precautions required for individual subjects or at-risk groups and any implications for the conduct of future studies should be identified.

### **3.0 KEY DATA ELEMENTS FOR AE REPORTING**

The AE reporting form should contains key data elements about the participant, the suspected IP, the adverse reaction, the action taken and the outcome as follows;

#### **3.1 Participant Details:**

Initials, Other relevant identifier (clinical investigation number, for example)  
Gender, Age and/or date of birth, Weight and Height

#### **3.2 Suspected Investigational Product**

Brand name as reported, International Non-Proprietary Name (INN), Batch number, Indication(s) for which suspect medicinal product was prescribed or tested, Dosage form and strength, Daily dose and regimen (specify units - e.g., mg, ml, mg/kg), Route of administration, Starting date and time of day, Stopping date and time, or duration of treatment

#### **3.3 Other Treatment(s)**

For concomitant medicinal products (including non-prescription/OTC medicinal products) and non-medicinal product therapies, provide the same information as for the suspected product.

#### **3.4 Details of Suspected Adverse Drug Reaction(s)**

Full description of reaction(s) including body site and severity, as well as the criterion (or criteria) for regarding the report as serious should be given. In addition to a description of the reported signs and symptoms, whenever possible, attempts should be made to establish a specific diagnosis for the reaction. Start date (and time) of onset of reaction, Stop date (and time) or duration of reaction Dechallenge and rechallenge information Setting (e.g., hospital, out-participant clinic, home, nursing home)

#### **3.5 Outcome:**

Information on recovery and any sequelae; what specific tests and/or treatment may have been required and their results; for a fatal outcome, cause of death and a comment on its possible relationship to the suspected reaction should be provided. Any autopsy or other post-mortem findings (including a coroner's report) should also be provided when available. Other information: anything relevant to facilitate assessment of the case, such as medical history including allergy, drug or alcohol abuse; family history; findings from special investigations.

#### **3.6 Details on Reporter of Event**

Name, Address, Telephone number, Profession (speciality)

#### **3.7 Administrative and Sponsor/Company Details**

Source of report: Site name

Date event report was first received by sponsor/manufacturer, Country in which event occurred, Type of report filed to authorities: initial or follow-up (first, second, etc.), Name and address of sponsor/manufacturer/company, Name, address, telephone number, and FAX number of contact person in reporting, company or institution, TFDA reference number, Sponsor/manufacturer's identification number for the case (this number must be the, same for the initial and follow-up reports on the same case).

### **3.8 Follow-up report for an Adverse Event**

Any follow-up information for event that has already been reported shall be sent on another AE form to TFDA indicating that it is a follow up information. The date of the original report and the report case number must be retrieved from the participant's file so that the follow up information can be matched with the original report. It is very important that follow-up reports are identified and linked to the original report.

### **3.9 Case Narratives**

This summarize all relevant clinical and related information, including patient characteristics, therapy details, medical history, clinical course of the event(s), diagnosis, and SAE/SUSAR including the outcome, laboratory evidence (including normal ranges), and any other information that supports or refutes an Event.

The narrative should serve as a comprehensive, stand-alone "medical story". The information should be presented in a logical time sequence; this should be presented in the chronology of the patient's experience, rather than in the chronology in which the information was received. In follow-up reports, new information should be clearly identified.

Abbreviations and acronyms should be avoided, with the possible exception of laboratory parameters and units. Key information from supplementary records should be included in the report, and their availability should be mentioned in the narrative and supplied on request. Any relevant autopsy or post-mortem findings should also be summarized in the narrative and related documents should be provided according to local regulation and if allowed by local data privacy laws.

Terms (e.g., AEs/ADRs, indication, and medical conditions) in the narrative should be accurately reflected in appropriate data fields.

Investigator's opinion on causality and sponsor's opinion on causality shall also be included.

## **4.0 FEEDBACK ON REPORTS**

Once TFDA receives the safety reports, it will assess them and give feedback to the sponsor or take appropriate regulatory action.

# Appendix 1: CIOMS Reporting Form

CIOMS FORM

SUSPECT ADVERSE REACTION REPORT	

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year	Years		Day	Month	Year	
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)										<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)		20 DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION	21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
17. INDICATION(S) FOR USE		
18. THERAPY DATES (from/to)	19. THERAPY DURATION	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergics, pregnancy with last month of period, etc.)

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER		
	24b. MFR CONTROL NO.	
24c. DATE RECEIVED BY MANUFACTURER	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP	