ADVERSE EVENT REPORT

Date of this Report (dd/mm/yyyy)

This form is subject to applicable laws governing the protection of personal information. The information provided on this form may be transferred and processed outside of the country in which it is collected. Do not provide any patient identifiable information, other than the specific information required by this form in accordance with applicable law. The information you provide will only be used for the purpose of pharmacovigilance and drug safety surveillance. For further information about how Amgen handles personal information please visit for the UK: https://www.amgen.co.uk/privacy-and-terms/privacy-statement and for Ireland: https://www.amgen.co.uk/privacy-and-terms/ireland-privacy-statement

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:

Can we contact you with follow-up questions? Yes ☐ No ☐

Are you a healthcare provider? Yes ☐ No ☐

If you agree that we contact your physician, please enter their contact details below:

If you know the product Lot/ Batch Number, please provide it below:

SUBMIT

Please click the submit button and/ or send the form to eu-uk-ire-safety@amgen.com to report the adverse event to Amgen.