

# Republic of Yemen

Ministry of Public Health and Population

Supreme Board of Drugs  
& Medical Appliances

Yemeni Center for Pharmacovigilance  
and Medical Safety



الجمهورية اليمنية

وزارة الصحة العامة والسكان

الهيئة العليا للأدوية والمستلزمات الطبية  
المركز اليمني للتبليغ والسلامة الدوائية

## Pharmaceutical Products Quality Reporting Form (Form NO 2)

*Note: this form is **NOT** for reporting adverse drug reactions (ADR). For ADR reporting use form NO. ADR-1*

### A. Product Details

Type of product:	<input type="checkbox"/> Drug	<input type="checkbox"/> Vaccine	<input type="checkbox"/> Herbal	<input type="checkbox"/> Other, specify
Product name (Generic & Brand):				
Package size:	Strength:	Dosage form:		
Registration number (if available):			Batch number:	
Manufacturer:			Distributor / Vendor:	
Manufacturing date:			Expiry date:	
Has the manufacturer been informed? <input type="checkbox"/> No <input type="checkbox"/> Yes, date:				

### B. Type of Quality Problem

<input type="checkbox"/> Packaging	<input type="checkbox"/> Physical <input type="checkbox"/> chemical <input type="checkbox"/> microbial changes	<input type="checkbox"/> Questionable stability	
<input type="checkbox"/> Suspected counterfeit product	<input type="checkbox"/> Suspected contamination	<input type="checkbox"/> Defective components	
<input type="checkbox"/> Product confusion (caused by name, labeling, design or packaging)	<input type="checkbox"/> Labeling Problems (caused by printing errors / omissions)		
<input type="checkbox"/> Other:			
Description:			
<input type="checkbox"/> Therapeutic failure (please provide patient's details)			
Patient name or initial (Optional):	Date of birth:	Height:	Weight:
Health Institution:	Medical Record No:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

### C. Reporter Details

Name:	
Profession:	Organization:
Address:	E-mail:
Phone / Mobile:	Fax:
Signature:	Date:

تليفون: فاكسميل: - المياشر: - البريد الالكتروني: ypc@sbd-ye.org  
Tel: -Fax: -Direct: -E-mail : ypc@sbd-ye.org

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### What should be asked regarding drug quality?

1. Was the product stored correctly? (To exclude incorrect storage as the cause of the suspected defect)
2. If the defect is visible, was the defect identified in a new previously unopened container or had the container previously been used? (To exclude user errors such as product mix-ups)
3. Are there other unopened containers of the same batch available, which could be checked?
4. If the product requires preparation, such as addition of a diluents, was the correct procedure followed and/or correct diluents used?
5. If the product is used with a medical device, could the device be the cause of the incident?

- **Confidentiality:** Reporter's and patient's identity are held in strict confidence **by** and protected to the fullest extent of the law, information provided by the reporter will be strictly protected and will not be used in any way against him.

#### This form can be used by:

- Physician.
- Pharmacist.
- Dentist.
- Nurses.
- Other healthcare providers.

#### Use this form to report product quality defect for:

- Suspected counterfeit product.
- Suspected contamination.
- Questionable stability.
- Defected components.
- Poor packaging or labeling.
- Therapeutic failure.

#### How to report:

- Fill out the reporting form.
- Attach additional information, if needed.
- Use a separate form for each product.

#### Please submit completed forms to:

- Fax: 619171
- E-mail: [ypc@sbd-ye.org](mailto:ypc@sbd-ye.org)
- Phone-770210538-01221475-733651786

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SBDMA

تليفون: فاكسميل: - المياشر: - البريد الإلكتروني: [ypc@sbd-ye.org](mailto:ypc@sbd-ye.org)  
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