

**HUMAN SUSPECTED ADVERSE REACTION INVOLVING ACCIDENTAL INJECTION OF A VETERINARY MEDICINE**

**ADR:**

- Name .....
- Age .....
- Sex .....
- Occupation - with relevance to the activity .....  
e.g. farmer, farm worker, veterinarian, pet owner etc

**SYMPTOMS OF THE SUSPECTED ADVERSE REACTION**

- What were the first symptoms and when did they start (in secs, mins, hours, days) in relation to the accidental injection? .....
- Give details of any symptoms occurring afterwards resulting from the injection. When did they occur and how long did they last? .....
- Were you suffering from any illnesses (e.g. flu) or other symptoms prior to the exposure to the veterinary medicine? If so please give details. ....
- Have you had a previous needlestick injury? If so please give details of symptoms, products and approximate dates. ....
- Were you on any medication at the time of the accidental injection? If so, please list all medicines including herbal remedies, or over-the-counter medicines, you were taking at the time. ....

Name and address of your doctor. ....  
.....  
.....

**Please can you sign the authorisation slip (on Page 4) so that I can contact your Doctor for further information if necessary.**

Did you attend hospital? .....  
(If so, please give address of hospital and .....  
name of doctor.) .....  
.....

What treatment were you given if any? .....  
.....  
.....

**DETAILS OF EXPOSURE TO VETERINARY MEDICINE**

Date (or dates) of animal treatment or .....  
accidental injection of veterinary medicine. ....

Species and breed of animal(s) treated. ....

Number of animals being treated. ....

Was/were the animal(s) restrained for .....  
treatment? If 'yes' please describe the .....  
restraint/handling system used. ....

Please give details of how the accidental .....  
injection/needle stick wound occurred, .....  
including site of injection. ....  
.....  
.....

Was any of the veterinary medicine .....  
injected? If yes, approximately how much? .....

Was the needle that was used 'new' or .....  
'previously' used? .....  
.....

Were you using an automatic dosing syringe? If 'yes' please describe the equipment used (e.g. multi-dose syringe, automatic vaccinating table etc). .....

How many animals were treated with this needle? .....

**PROTECTIVE CLOTHING**

Was protective clothing worn/not worn? If protective clothing was worn, please give details including type of gloves, if worn. ....

**OTHER QUESTIONS**

Has any other body i.e. the drug company or Health & Safety Executive been informed of this suspected adverse reaction? If so, please state. ....

If you agree to pages 1-3 of this questionnaire being copied to the relevant company please tick this box.

**ADR: .....**

Authorisation to release relevant medical records

I ..... give my consent for any relevant medical information to be disclosed to the Veterinary Medicines Directorate, Woodham Lane, New Haw, Addlestone, Surrey KT15 3NB. All information will be treated as medical in confidence.

Signature .....

Address .....

.....

.....

.....

Date .....

You do not have to give your consent, but if you do we will be able to contact your doctor or medical specialist for further information about your suspected adverse reaction. This will be helpful to the evaluation of your case.