



# Dispensary of Hope

## Adverse Events & Product Quality Complaint Reporting Form

### Type of Report

- Adverse Event (AE)
- Product Quality Complaint (PQC)
- Pregnancy/Lactation Exposure

**Please attach copies of any supporting documentation regarding the AE and/or PQC that do NOT include PHI.**

**Please Do NOT include any PHI**

Reporter Information		
Name	Title	Facility
Phone Number	Fax Number	Date of First Awareness

Description of Adverse Event		
Dispensary of Hope Product <i>(Include formulation and indication for use)</i>		
Dates of Therapy and Dose	Lot Number	Expiration Date
Description of AE, PQC, or All Available Information Concerning the Pregnancy/Lactation Exposure <i>(Include all relevant dates, e.g. date of occurrence, expected delivery date, etc.)</i>		

Prescriber Information			
Name	Phone Number	Fax Number	Email Address
Address	City	State	Zip
Additional Information			

*Please return this form to your DoH Account Manager*