



**REACTION DATA**

19. DESCRIBE SUSPECTED ADVERSE REACTION: INCLUDE ALL SIGNS, RESULTS OF PERTINENT LAB TESTS, NECROPSY RESULTS, POSSIBLE CONTRIBUTING FACTORS, ETC. ALSO, INCLUDE IN THIS SECTION PRODUCT INEFFECTIVENESS AND PRODUCT DEFECTS SUCH AS CRACKED TABLETS, CLOUDY SOLUTION, ETC.

<p>20a. ATTENDING VETERINARIAN'S LEVEL OF SUSPICION THAT DRUG CAUSED REACTION</p> <p><input type="checkbox"/> HIGH    <input type="checkbox"/> MEDIUM    <input type="checkbox"/> LOW    <input type="checkbox"/> NO ATTENDING VET.</p>	<p>20b. WAS THERE EXTRA LABEL USE (ELU) INVOLVED?</p> <p><input type="checkbox"/> NO    <input type="checkbox"/> YES (<i>Explain</i>) _____</p>	
<p>21. LENGTH OF TIME BETWEEN LAST ADMINISTRATION OF SUSPECT DRUG AND ONSET OF REACT</p>	<p>22. DATE OF ONSET (<i>Mo., day, yr.</i>)</p>	<p>23. DURATION OF REACTION (<i>Hrs., days, etc.</i>)</p>
<p>24. WAS THE ADVERSE REACTION TREATED?</p> <p><input type="checkbox"/> NO    <input type="checkbox"/> YES (<i>Describe treatment</i>)</p>	<p>25. OUTCOME OF REACTION TO DATE</p> <p><input type="checkbox"/> DIED (<i>Give date</i>) _____</p> <p><input type="checkbox"/> REMAINS UNDER TREATMENT</p> <p><input type="checkbox"/> ALIVE WITH SEQUELAE</p> <p><input type="checkbox"/> RECOVERED</p> <p><input type="checkbox"/> UNKNOWN</p>	

26. WHEN REACTION APPEARED, TREATMENT WITH SUSPECT DRUG:

- HAD ALREADY BEEN COMPLETED
- DISCONTINUED DUE TO THE REACTION
- DISCONTINUED, REPLACE WITH ANOTHER DRUG
- DISCONTINUED, REINTRODUCED LATER
- CONTINUED AT ALTERED DOSE
- OTHER (*Explain*) \_\_\_\_\_



- CONTINUED
- STOPPED
- RECURRED
- OTHER (*Explain*) \_\_\_\_\_

27. HAD ANIMAL(S) BEEN PREVIOUSLY EXPOSED TO THIS DRUG?     NO     YES     UNKNOWN

28. DID ANIMAL(S) PREVIOUSLY REACT TO THIS DRUG?     NO     YES     UNKNOWN

29. HAD ANIMAL(S) PREVIOUSLY REACTED TO OTHER DRUGS?     NO     YES     UNKNOWN  
*(If yes, give drug(s) and reaction if known)*

30. HAS THE ATTENDING VETERINARIAN SEEN SIMILAR REACTIONS TO THIS DRUG IN ANY OTHER ANIMALS?  
 NO     YES (*Describe treatment*)

<p>31. NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR ACCURACY OF REPORTED INFORMATION (<i>Type or print</i>)</p>	<p>32. SIGNATURE OF INDIVIDUAL RESPONSIBLE FOR ACCURACY OF REPORTED INFORMATION</p>
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