ADVERSE EXPERIENCE REPORTING (AER) FORM FOR VETERINARY MEDICINES & AGRICULTURAL CHEMICALS

I am a:

- ○ Animal owner or farmer
- ○ Health Professional ○ Veterinarian
- ○ Affected bystander or neighbour
- ○ Pest control operator
- ○ Product Registrant - *Please attach detailed report including action taken or proposed*
- ○ Other (please specify) ……..

I am reporting:

- ○ An adverse human reaction
- ○ An adverse animal or plant reaction (including side effects, toxicity, allergy, crop death/damage, residues)
- ○ Lack of effect / poor efficacy
- ○ Environmental damage
- ○ Other (please specify) ……

Product Details

Product name (if known)

Active Ingredient (if known)

Registrant/Manufacturer (if known)

Details of Product used (if known)

As listed on label: NRA/APVMA No. Batch No. Expiry date / /

Storage details (< 30°C); (< 25°C); refrigerated etc.

Was the product used according to the label instructions? ○ Yes ○ No ○ Not sure

Were other product(s) used at the same time as this product? ○ Yes ○ No
If yes, please provide the details (including dose/rate, etc.)

Affected Animal, Human, Crop or Plant

○ **Animal** ○ **Human** (please select one)

No. treated	No. affected	Species (animals only)
No. dead	Age	Breed
Sex	○ M ○ F	Weight(approx.):
Physiology	○ Desexed ○ Pregnant ○ Lactating	

Crop / Plant **Exposure type:** ○ Target Crop/Plants ○ Spray Drift ○ Other

Crop type Variety

Area affected Area exposed Growth Stage

Product treatment/use/exposure
First Occasion: / / ○am ○pm
Last Occasion: / / ○am ○pm

Dose/Application (e.g. frequency, rate, duration of use, etc)

Who applied the product: ○ Self ○ Vet ○ Contractor ○ Unknown ○ Other (specify) ……..

Purpose of product use (if known)

Adverse Experience – Tell Us What Happened

First noticed: Date / / Time …….. Time between exposure & onset ……

What occurred and what signs/effects were observed?

Other factors which may have influenced the outcome *(i.e. weather, feed, water and/or pre-existing conditions, etc.)*

Outcome: ○Recovery ○Ongoing ○Death/Euthanised **Date of Outcome:** / /

Reporting Person/Entity

Name Organisation

Address

Ph ( ) Fax ( )

Email

Other Contact(s)

○ Veterinarian ○ Health Professional ○ Affected Person ○ Other …………..

Name Organisation

Address

Ph ( ) Fax ( )

Email

PLEASE NOTE: The information provided by you in this form will be retained by *the Australian Pesticides & Veterinary Medicines Authority* (*APVMA*) in hardcopy and electronically and used to assess whether the adverse effect is associated with the use of a veterinary medicine or agriculture chemical.

In conducting an assessment of this report, the APVMA may need to forward your report to Australian Commonwealth, State or Territory government agencies, the person or business responsible for distributing this product in Australia or any relevant third party (medical practitioner or agronomist) contracted to provide advice to the APVMA. These agencies are not to use this information for any other purpose.

Please indicate if you do not consent for your information to be shared as above.

I do not consent ○

Signature: ………………………………………**Date:** ….. /….. /……….

KP83-F02(D) *Version: 1*

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Australian Government
Australian Pesticides and Veterinary Medicines Authority

The Adverse Experience Reporting Program (AERP) is administered by *the Australian Pesticides & Veterinary Medicines Authority (APVMA)* which is an independent Australian Government statutory authority.

Download/submit online

To obtain further information, please visit the APVMA website at: **http://www.apvma.gov.au**

Email: **AERPCoordinator@apvma.gov.au**

Fax: **(02) 6210 4813**

Freecall: **1800 700 583**

Information provided

Please take the time to include all available information. If there is insufficient space in any section of this form, please attach details on a separate sheet.

Separate sheet attached? ○ Yes ○ No

If yes, number of pages attached: ……………………..

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No stamp required if posted in Australia

Adverse Experience Reporting Program
APVMA
Reply Paid 6182
KINGSTON ACT 2604