

8-1 FACTS ADVERSE EVENT QUESTIONNAIRE

FACTS Version 4.9.01 - [Maintain Adverse Event Details]

Action Edit Options Navigate Tracing Window Help

Consumer Complaint

Consumer Complaint: 19925 Complaint Date: 07/24/2003 Accomp. Org: BLT-DO Status: Pending

Complainant Name: Myers, Eileen Date Adverse Event: Product Code: Product Name: PAC: 03R801

Product Ingredients

Name	Recommended Dosage/ Serving Size:	Product Label Available:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Label Indications for Use: Sample Available:

Consumption Site: Recommended Duration of Use:

Adverse Event

DOB: Age: Gender: Race: Previous Adverse Effects of Product: Symp. Occur:

Medications/Other Products Used

Name	Duration of Product Used:	Frequency of Product Used:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

How Product was Taken?

Remarks:

Medical Test Performed

Test	Results
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Medical History

Conditions	Treatment	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Diagnosis:

Medical Treatment:

Record: 1/1 <OSC> <DBG>