## ANNEX 4 AE/PC/SRS REPORTING RECONCILIATION FORM

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|  | | **Reconciliation Form** | | | |  |
| **Adverse Event / Product Complaint / Special Reporting Situation**  **(AE/PC/SRS) Reports**  Researchers should complete this form at the end of the market research project | | | | | | |
| **Project Title & Reference:** | | | |  | | |
| **MAH/Certificate Holder Ref. No. / Company Project ID** | | | |  | | |
| **Agency / Company Name:** | | | |  | | |
| **Telephone No:** | | | |  | | |
| **Email Address:** | | | |  | | |
| **Researcher’s Name:** | | | |  | | |
| **Researcher's Signature:** | | | |  | | |
| **Date:** | | | |  | | |
| This is a summary of AE / PC / SRS reports submitted to the Company's Pharmacovigilance/Drug Safety Department. | | | | | | |
| **Event No** | **Respondent ID** | | **Medicine/Device(s)** | | **AE/PC/SRS Details** | |
| 1 |  | |  | |  | |
| 2 |  | |  | |  | |
| 3 |  | |  | |  | |
| 4 |  | |  | |  | |
| 5 |  | |  | |  | |
| 6 |  | |  | |  | |
| 7 |  | |  | |  | |
| 8 |  | |  | |  | |
| 9 |  | |  | |  | |
| 10 |  | |  | |  | |
| Total number of Events Reported: | | | | |  | |
| For any additional events please continue on an additional form - thank you. | | | | | | |