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

|  |  |  |
| --- | --- | --- |
|  | **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. |