UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY
INTRODUCTORY PHARMACY PRACTICE EXPERIENCES

Student: Date: / / Rotation Type: **INSTITUTIONAL (PHCY 651)** Rotation #: ☐1 ☐2 ☐3 ☐4

Preceptor: Preceptor Signature:

Activity: Adverse Event Reporting

Directions: Complete a MedWatch Form 3500 either online or by hardcopy. If you complete a hardcopy of this form, answer only the first 2 questions of this document.

The form may be found at the following website: https://www.accessdata.fda.gov/scripts/medwatch/

Instructions for completing the form may be found at: https://www.accessdata.fda.gov/scripts/medwatch/

The MedWatch 3500 form is for reporting serious adverse effects related to what products:

Serious adverse effects of what products should not be reported using the MedWatch 3500 form?

Answer the following questions to assist with completing the online MedWatch 3500 form.

Patient Identifier*: Patient age: Patient gender: Patient Wt:

Adverse event: Date of Event:

Describe the adverse event:

Outcome attributed to adverse event:

Describe relevant tests / laboratory data, including dates:

* Do not use patient's name of social security number as patient identifier.

ACPE Pre-APPE Core Domains: Patient Safety (Key Elements 2.2)
Core Entrustable Professional Activities: Population Health Promotor Domain-Minimize adverse events and medication errors.

Suspected Product

Name:	Dose / amount:
Strength:	Frequency:
Manufacturer:	Route:
LOT #:	Expiration date:
NDC #:	

Dates of use: / / to / / Diagnosis / reason for use:

Did the event abated after use was stopped or dose reduced:

Did the event reappear after reintroduction of the drug or product:

Reporter

Name:	Phone:
Address:	Health Professional: ☐ Yes ☐ No
Email:	Title:
Occupation:	

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