



**MINISTRY OF HEALTH  
PHARMACY AND POISONS BOARD  
DEPARTMENT OF PHARMACOVIGILANCE  
FORM FOR REPORTING POOR QUALITY MEDICINAL PRODUCTS**

IN CONFIDENCE

Name of Facility	District Name	Province Name
Facility Address	Facility Telephone	

**PRODUCT IDENTITY**

Brand Name		Generic Name	
Batch/Lot Number	Date of Manufacture	Date of Expiry	Date of Receipt
Name of Manufacturer		Country of Origin	
Name of Distributor/Supplier	Distributor/Supplier's Address		

**PRODUCT FORMULATION  
(Tick appropriate box)**

- Oral tablets / capsules
- Oral suspension / syrup
- Injection
- Diluent
- Powder for reconstitution of suspension
- Powder for reconstitution of injection
- Eye drops
- Ear drops
- Nebuliser solution
- Cream / Ointment / Liniment / Paste
- Other .....

**COMPLAINT**

**(Tick appropriate box/boxes)**

- Colour change
- Separating
- Powdering / crumbling
- Caking
- Moulding
- Change of odour
- Mislabeling
- Incomplete pack
- Other .....

Describe complaint in detail: .....

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**Storage Conditions**

Does the product require refrigeration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Other details (if necessary):</i>
Was product available at facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was product dispensed and returned by client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was product stored according to manufacturer/MoH recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Comments (if any)**

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Name of Reporter	Contact number
Cadre / Job Title	Signature

**Once completed one copy of this form should be e-mailed or posted to:**

Pharmacy and Poisons Board	Department of Pharmacovigilance	P. O. Box 27663-00506 NRB	Fax: 2713431	E-mail: pv@pharmacyboardkenya.org
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Your support in this Pharmacovigilance program is appreciated.

Submission of a complaint does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to an event. All information is held in strict confidence and programme staff is not expected to and will not disclose reporter's identity in response to any public request. Information supplied by you will contribute to the improvement of drug safety and therapy in Kenya. Once completed please send to:  
The Pharmacy and Poisons Board on the above address

