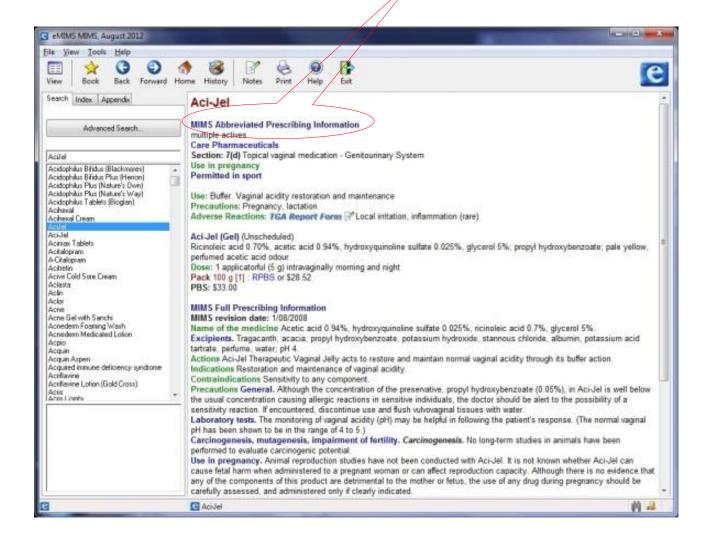


Adverse Drug Reaction Reporting as you work and straight from eMIMS

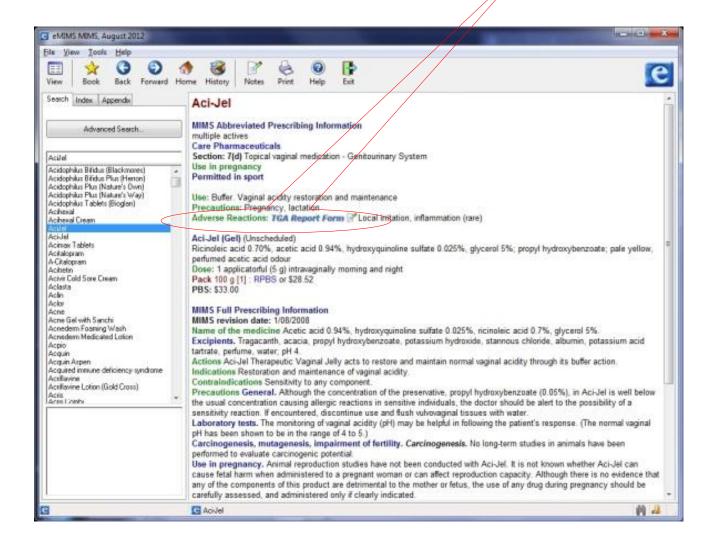
You will find the TGA's adverse drug reaction form in the **Abbreviated Prescribing Information** for all prescription, over the counter and herbal medicines in eMIMS. Simply choose the medicine you want to look at, from the pick list on the left of your screen and when it displays the first content you see is the **Abbreviated Prescribing Information** (API)







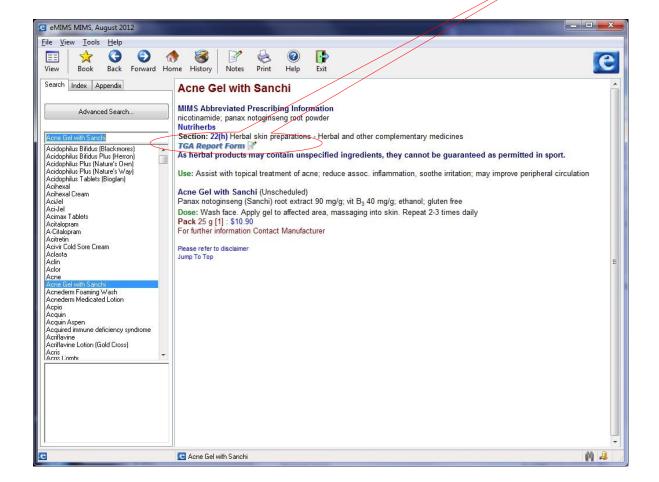
If you are looking at the Abbreviated PI you will find see the words *TGA Report Form* next to the **Adverse Reactions.**







If you are in an abbreviated PI for an herbal or OTC medicine there may not be any Adverse Reactions in the Abbreviated PI. In this case you will find the *TGA Report Form* in the content.







To access the form:

Because some of you have told us you do not always have internet access on the computer you load eMIMS on to when working, we have provided two ways of accessing, completing and sending the TGA Report Form.

1. With Internet Access

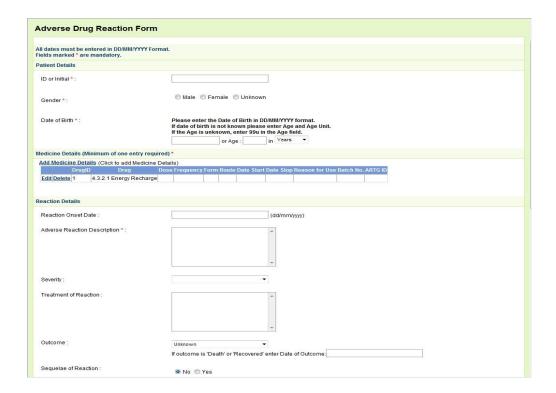
If your computer is connected to the internet, simply click on the blue hyperlink. *TGA Report Form,* which will take you to the screen below. **Click yes** to proceed and you will go directly to the form below.

In this system, you can report a case of a suspected adverse reaction in association with a medicine (including complementary, OTC or prescription) or a vaccine. Please note: The personal information in this form is collected and used for the purpose of assessing the safety of medicines under the Therapeutic Goods Act 1989. The personal information is only disclosed (i) to State or Territory Health Departments (if the information relates to Immunisation Schedule events): or (ii) where there is a legal requirement to disclose it. The reporter's details are recorded in the database so that reporters can be contacted if further information is required. Do you wish to proceed? Yes No





All you have to do now is complete the details on your screen and email the form to the TGA directly from eMIMS – *there is an email button at the end of the form*







2. With NO Internet access

If your computer is not connected to the internet eMIMS will direct you to another version of the form (the blue form) that can be completed on your screen, printed and faxed to the TGA.

	1 / 2 / - 92.9% -		Tool	s Sign Comment	
t the following form. You can sav				Highligh	
Department Department	valian Government rtment of Health and A apeutle Goods Administ	geing ration	Office use only		
	pected adverse I see statement about the collection Please attach any accord number:	and use of person	nal information over this sheet		
		Weight (kg)	5 50 50 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Date of our an or age.	
Suspected medicine(s)	/vaccine(s) le AUST R or AUST L number	for non-prescripti	ion medicines, and b	hatch number (if known)	
Medicine/vaccine	Dosage (Dose number for vaccines eg 1" DTP)	Date begun	Date stopped	Reason for use	
Other medicine(s)/vac Medicine/vaccine	Ccine(s) taken at the time	Of the reaction	Date stopped	Reason for use	
Reaction(s): Describe: (please provide other investigations)	Date of onset of reaction (or as much detail as possible and				

