

COSMETIC PRODUCT [CONFIDENTIAL]

To: Vigilance and Compliance Branch
Health Products Regulation Group
Health Sciences Authority
11 Biopolis Way, #11-03 Helios
Singapore 138667
Tel: (65) 6866 1111
Email: HSA_productsafety@hsa.gov.sg

FOR OFFICIAL USE ONLY
Date received:
Product Notification No.:

REPORT FORM FOR ADVERSE EVENT ASSOCIATED WITH COSMETIC PRODUCT**I. Company Particulars**

Name and address of company		
Name & designation of person reporting		
Tel No.:	Fax No.:	Email:

II. Product Particulars

Product name (as in product notification)	
Ingredient listing & pack size	(Please attach a separate list)
Product type/Intended use	
Name of manufacturer & country of manufacture	
Expiry or manufacturing date	
Batch no.	

III. Details of Adverse Event

Name/ Initials of person			
Identification or Passport no.			
Age		Sex	
Ethnic group / Nationality			
Date of onset of adverse event			
Description of adverse event (please use and attach a separate report if necessary)			
Delay between last application of the product and onset of symptoms: ____ min(s) ____ hour(s) ____ day(s)			
How was the product used:			
Is the person hospitalised due to the adverse reaction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did person seek medical attention?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outcome <input type="checkbox"/> Recovered (Date: ____) <input type="checkbox"/> Death (Date: ____) <input type="checkbox"/> Not yet recovered <input type="checkbox"/> Unknown			
Source of report	<input type="checkbox"/> Healthcare professional <input type="checkbox"/> Consumer <input type="checkbox"/> Others (specify)		
Signature		Date	

IV. Reporter Particulars

Name of Reporting Person:	Contact no:
Profession:	Email address: