

USP PRACTITIONERS' REPORTING NETWORKSM
An FDA MEDWATCH partner



1. PRODUCT NAME (include generic name)			
2. DOSAGE FORM (tablet, capsule, injectable, etc.)	3. SIZE/TYPE OF CONTAINER	4. STRENGTH	5. NDC NUMBER
6. LOT NUMBER(S)		7. EXPIRATION DATE(S)	
8. NAME AND ADDRESS OF THE MANUFACTURER		9. NAME AND ADDRESS OF LABELER (if different from manufacturer)	
10. PROBLEMS NOTED OR SUSPECTED (if more space is needed, please attach separate page)			
11. YOUR NAME AND TITLE (please type or print)			
12. YOUR PRACTICE LOCATION (include establishment name, address, and ZIPcode)			
Days and times available _____			
13. PHONE NUMBER AT PRACTICE LOCATION (include area code)		15. If requested, will the actual product involved be available for examination by the manufacturer or FDA? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not send samples to USP)	
14. A copy of your report is routinely sent to the manufacturer/labeler and to the FDA. USP may release my identity to: (check boxes that apply) <input type="checkbox"/> The manufacturer and/or labeler as listed above. <input type="checkbox"/> The Food and Drug Administration. <input type="checkbox"/> Other persons requesting a copy of this report. <input type="checkbox"/> None of the above.		15a. This event has been reported to: <input type="checkbox"/> Manufacturer <input type="checkbox"/> FDA <input type="checkbox"/> Other _____	
16. SIGNATURE OF REPORTER (as listed in question 11)		15b. Date problem occurred or observed: _____	
16. SIGNATURE OF REPORTER (as listed in question 11)			17. DATE

Return to the attention of:
 Diane D. Cousins, R.Ph.
USP PRN
 12601 Twinbrook Parkway
 Rockville, MD 20852-1790

Call Toll Free: **800-4-USP PRN** (800-487-7776)
 or FAX 301-816-8532
 USP home page: <http://www.usp.org/prn>

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