

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 13 Years	3. SEX Male	3a. WEIGHT Unk	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING
		Day	Month	Year				Day	Month	Year	
			PRIVACY					Unk			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
 Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
 2 days of not injecting him/and it's been four days without my son being able to receive the hormone [Drug dose omission by device]
 it is damaged [Device defective]
 caregiver wasted a dose of medication trying to figure out how to fix it and it doesn't work [Wrong technique in device usage process]
 caregiver wasted a dose of medication trying to figure out how to fix it [Device leakage]

 Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.
 (Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Genotropin Pen (SOMATROPIN) Solution for injection {Lot # KC8721; Exp.Dt. JAN-2027} #2) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 1.4 mg, daily #2)	16. ROUTE(S) OF ADMINISTRATION #1) Unknown #2) Unknown	
17. INDICATION(S) FOR USE #1) Unknown #2) Unknown		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) Unknown #2) Unknown	19. THERAPY DURATION #1) Unknown #2) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description Unknown		

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Pfizer S.A. Laura Arce Mora Avenida Escazú, Torre Lexus, piso 7. Escazú San Jose, COSTA RICA		26. REMARKS	
	24b. MFR CONTROL NO. PV202500052615		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 29-APR-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous		
DATE OF THIS REPORT 07-MAY-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:		

07-May-2025 11:47

ADDITIONAL INFORMATION**7+13. DESCRIBE REACTION(S) continued**

A 13-year-old male patient received somatropin (GENOTROPIN PEN), (Lot number: KC8721, Expiration Date: Jan2027) at 1.4 mg daily. The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: DRUG DOSE OMISSION BY DEVICE (non-serious), outcome "unknown", described as "2 days of not injecting him/and it's been four days without my son being able to receive the hormone"; DEVICE DEFECTIVE (non-serious), outcome "unknown", described as "it is damaged"; WRONG TECHNIQUE IN DEVICE USAGE PROCESS (non-serious), outcome "unknown", described as "caregiver wasted a dose of medication trying to figure out how to fix it and it doesn't work"; DEVICE LEAKAGE (non-serious), outcome "unknown", described as "caregiver wasted a dose of medication trying to figure out how to fix it ". The action taken for somatropin was temporarily withdrawn.

Causality for "2 days of not injecting him/and it's been four days without my son being able to receive the hormone", "it is damaged", "caregiver wasted a dose of medication trying to figure out how to fix it and it doesn't work" and "caregiver wasted a dose of medication trying to figure out how to fix it " was determined associated to device constituent of somatropin (malfunction).

Additional information: The patient's caregiver stated his son's pen got damaged, that they would send someone and replace the pen. Additionally, caregiver wasted a dose of medication trying to figure out how to fix it and it doesn't work. It's been 2 days since she last injected him. The patient's mother reported that the pen got damaged, it shows an error and the error won't go away. She stated it's been four days without my son being able to receive the hormone, and she urgently need to resolve this