SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET		
		Day	Month	Year				Day	Month	Year
PRIVACY	COSTA RICA		PRIVACY		4 Years	Female	Unk		Unk	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)

Pen is expired and is having issues [Expired device used]
Pen is expired and is having issues [Device defective]

Case Description: The initial case was missing the following minimum criteria: Adverse event. Upon receipt of follow up information on 07May2025, this case now contains all required information to be considered valid.

This is a spontaneous report received from a Nurse and a Consumer or other non HCP, Program ID: 164974.

(Continued on Additional Information Page)

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ PATIENT DIED
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) Genotropin Pen (SOMATROPIN) Solution for injection
#2) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # SH2003}

20. DID REACTION ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☒ NA

15. DAILY DOSE(S)
#1) 0.7 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? ☐ YES ☐ NO ☒ 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.
PV202500054735

24c. DATE RECEIVED BY MANUFACTURER
07-MAY-2025

24d. REPORT SOURCE
☐ STUDY ☐ LITERATURE ☒ HEALTH PROFESSIONAL ☒ OTHER: Spontaneous

DATE OF THIS REPORT
13-MAY-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.
NAME AND ADDRESS WITHHELD.
NAME AND ADDRESS WITHHELD.

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

A 4-year-old female patient received somatropin (GENOTROPIN PEN), (Batch/Lot number: unknown) at 0.7 mg daily, Device Lot Number: SH2003, Device Expiration Date: Apr2024. The patient's relevant medical history and concomitant medications were not reported.
The following information was reported: EXPIRED DEVICE USED (non-serious), described as "Pen is expired and is having issues".
The action taken for somatropin was unknown.