													<u> </u>	OI	MS	FOI	RM	
SUSPEC										<u> </u>	_ T							
		I DEA	CTION		NANTION	<u> </u>				Ш				_				
1. PATIENT INITIALS	1a. COUNTRY	I. REA	2a. AGE	3. SEX	MATION 3a. WEIGHT		REA	ACTION	ONSI	ET	8-12	CHI	ECK AL					
(first, last)	DOMINICAN REPUBLIC	Day Month Year PRIVACY	10 Years	Male	Unk	Day		Month Unk	T	Year		APF	PROPR	RIATE		٨		
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) it's not giving him the dose when they put in the dose. It's not resetting to zero. it's the pen that's not giving the doseit's not setting the dose [Device image display issue] it's not giving him the dose when they put in the dose. It's not resetting to zero. it's the pen that's not giving the doseit's not setting the dose [Device battery issue] it's not giving him the dose when they put in the dose. It's not resetting to zero. it's the pen that's not giving the doseit's not setting the dose [Product communication issue]											PROLONGED INPATIENT HOSPITALISATION							
(Continued on Additional Information Page									age)	LIFE THREATENING								
		II. SUSPEC	T DRU	G(S) IN	FORMA	TION	1											
14. SUSPECT DRUG(S) (include generic name) #1) Genotropin Pen (SOMATROPIN) Solution for injection {Lot # LK3089; Exp.Dt. FEB-2027} #2) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # HF4891}											20. DID REACTION ABATE AFTER STOPPING DRUG?							
#1) 0.8 mg, daily					. ROUTE(S) OF ADMINISTRATION 1) Unknown 2) Unknown							YES NO NA						
#1) Unknown #2) Unknown									21. DID REACTION REAPPEAR AFTER REINTRODUCTION?									
#1) Unknown #1					THERAPY DURATION) Unknown) Unknown							YES NO NA						
		III. CONCOMI MINISTRATION (exclude those use a second of the second of	sed to treat re	action)) AND H	ISTC	DR'	Y						_				
		IV. MANUF	ACTU			ION												
24a. NAME AND ADDRE Pfizer S.A. Laura Arce Mora Avenida Escazú, T San Jose, COST	26. REN	СЯЯА																
	24b. MFR CC PV20250	ONTROL NO. 00057990	NAME	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.														
13-MAY-2025	BY MANUFACTURER 246. REPORT SOURCE STUDY LITERATURE NA							NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.										
21-MAY-2025	⋈ INITIAL	FOLLOWUP:																

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

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

A 10-year-old male patient received somatropin (GENOTROPIN PEN), (Lot number: LK3089, Expiration Date: Feb2027) at 0.8 mg daily, Device Lot Number: HF4891, Device Expiration Date: Jan2026. The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: DEVICE INFORMATION OUTPUT ISSUE (non-serious), DEVICE POWER SOURCE ISSUE (non-serious), PRODUCT COMMUNICATION ISSUE (non-serious), outcome "unknown" and all described as "it's not giving him the dose when they put in the dose. It's not resetting to zero. it's the pen that's not giving the dose...it's not setting the dose".

Causality for "it's not giving him the dose when they put in the dose. it's not resetting to zero. it's the pen that's not giving the dose...it's not setting the dose" was determined associated to device constituent of somatropin (malfunction).

Additional information: The Genotropin pen was not working, it's not giving him the dose when they put in the dose. it's not resetting to zero. They test it out to see if it was the needle or the cartridge, they change the cartridge but It's the pen that's not giving the dose...it's not setting the dose. As of 13May2025, reporter stated the device did not set the dose of the medication it only show two lines.

Follow-up (13May2025): This is a spontaneous follow-up report received from a Nurse, Program ID: 164974. Updated information includes drug and device lot number and expiration date, new event of "device battery issue", additional information.