

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>DOMINICAN REPUBLIC</b>	2. DATE OF BIRTH			2a. AGE <b>12 Years</b>	3. SEX <b>Male</b>	3a. WEIGHT <b>Unk</b>	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	
		<b>PRIVACY</b>					<b>13</b>	<b>MAY</b>	<b>2025</b>		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
when administering the medication she could notice that the contents of the cartridge dropped more than usual from 12 to 6 / mother is worried that she does not know for sure if she gave her all that amount  
[Incorrect dose administered by device]  
mother is worried that she does not know for sure if she gave her all that amount [Device use issue]

Case Description: This is a spontaneous report received from a Consumer or other non HCP.

(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 # LR7825; Exp.Dt. MAY-2027} #2 ) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # LR7825}		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1 ) 2.0 mg, daily at night #2 ) 2.0 mg/noche	16. ROUTE(S) OF ADMINISTRATION #1 ) Unknown #2 ) Unknown	
17. INDICATION(S) FOR USE #1 ) Growth hormone deficiency (Growth hormone deficiency) #2 ) Growth hormone deficiency (Growth hormone deficiency)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1 ) JUL-2024 / Unknown #2 ) JUL-2024 / 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      Relevant Med History      Hypothyroidism (Hypothyroidism)	

## 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. <b>202500101162</b>	
24c. DATE RECEIVED BY MANUFACTURER <b>14-MAY-2025</b>	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 <b>20-MAY-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.		

20-May-2025 15:30

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

A 12-year-old male patient received somatropin (GENOTROPIN PEN), since Jul2024 (Lot number: LR7825, Expiration Date: May2027) at 2 mg daily (2.0 mg, daily at night) for growth hormone deficiency, Device Lot Number: L207. The patient's relevant medical history included: "Hypothyroidism" (unspecified if ongoing). The patient's concomitant medications were not reported. The following information was reported: DEVICE USE ISSUE (non-serious) with onset 13May2025 at 21:30, outcome "unknown", described as "mother is worried that she does not know for sure if she gave her all that amount"; INCORRECT DOSE ADMINISTERED BY DEVICE (non-serious) with onset 13May2025 at 21:30, outcome "unknown", described as "when administering the medication she could notice that the contents of the cartridge dropped more than usual from 12 to 6 / mother is worried that she does not know for sure if she gave her all that amount". The action taken for somatropin was unknown. It was unknown if therapeutic measures were taken as a result of incorrect dose administered by device, device use issue.

Causality for "when administering the medication she could notice that the contents of the cartridge dropped more than usual from 12 to 6 / mother is worried that she does not know for sure if she gave her all that amount" and "mother is worried that she does not know for sure if she gave her all that amount" was determined associated to device constituent of somatropin.