	CIOMS FORM														₹M		
SUSPECT ADVERSE REACTION REPORT									<u> </u>						Τ		
									Ш								
<u> </u>					MATION	1											_
PATIENT INITIALS     (first, last)	1a. COUNTRY  DOMINICAN REPUBLIC	DATE OF BIRTH  Day Month Year	2a. AGE	3. SEX	3a. WEIGHT Unk	4-6 Day	_	CTION Month	÷	T 'ear	8-12 CHECK ALL  APPROPRIATE TO  ADVERSE REACTION						
PRIVACY	DOMINICAN REPOBLIC	PRIVACY	Years	Male	Onk			Unk				ADV	EKSE	REAC	HON		
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) the needle keeps leaking liquid [Device leakage]										PATIENT DIED  INVOLVED OR							
Case Description: This is a spontaneous report received from a Consumer or other non HCP from product quality group, Program ID: 164974.											PROLONGED INPATIENT HOSPITALISATION  INVOLVED PERSISTENT						
An 11-year-old male patient received somatropin (GENOTROPIN PEN), (Lot number: LD7549, Expiration Date: Mar2027) at 1 mg daily, Device Lot Number: D154, Device Expiration Date: 31Mar2027.											OR SIGNIFICANT DISABILITY OR INCAPACITY						
(Continued on Additional Information Page									age)	LIFE THREATENING							
		II. SUSPEC	T DRU	G(S) IN	FORMA <sup>®</sup>	TION	l										
14. SUSPECT DRUG(S) (include generic name) #1 ) Genotropin Pen (SOMATROPIN) Solution for injection {Lot # LD7549; Exp.Dt. MAR-2027} #2 ) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # D154}											20. DID REACTION ABATE AFTER STOPPING DRUG?						
15. DAILY DOSE(S) #1 ) 1 mg, daily #2 )					. ROUTE(S) OF ADMINISTRATION 1 ) Unknown 2 ) Unknown							YES NO NA					
17. INDICATION(S) FOR USE #1 ) Unknown #2 ) Unknown										21. DID REACTION REAPPEAR AFTER REINTRODUCTION?							
#1 ) Unknown #					THERAPY DURATION ) Unknown ) Unknown							YES NO NA					
		III. CONCOMIT	TANT D	RUG(S	) AND H	ISTO	۱R	,		,							
22. CONCOMITANT DRU	JG(S) AND DATES OF ADM	IINISTRATION (exclude those us	sed to treat re	action)													
23. OTHER RELEVANT I From/To Dates Unknown	HISTORY. (e.g. diagnostics,	allergies, pregnancy with last mo Type of History / Notes	onth of period	, etc.) Description													
		IV. MANUF	ACTUE	RER INF	ORMAT	ION											
24a. NAME AND ADDRE Pfizer S.A. Laura Arce Mora Avenida Escazú, T San Jose, COST	26. REN		.511														
	24b. MFR CO	NTROL NO. 00072402			ME AND ADDR												
24c. DATE RECEIVED BY MANUFACTURE	24d. REPORT			NAME	AND ADD	RESS	WI	ГННЕ	LD.								
07-AUG-2025	HEALTH		aneous	NAME	AND ADD	RESS	WI	ГННЕ	LD.								
DATE OF THIS REPORT 12-AUG-2025	25a. REPORT	FTYPE	1														

## ADDITIONAL INFORMATION

## 7+13. DESCRIBE REACTION(S) continued

The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: DEVICE LEAKAGE (non-serious), outcome "unknown", described as "the needle keeps leaking liquid".

Causality for "the needle keeps leaking liquid" was determined associated to device constituent of somatropin (malfunction).

Additional Information: Patient's caregiver stated: "I'm calling because my son's Genotropin device, when I insert the Genotropin and then remove the needle, the needle keeps leaking liquid, I think the device has something that is not working properly. And I would not want to take the risk of continuing to use such an expensive medication only for it to go to waste". As of 24Jun2024, the person in charge of the patient said: "This week they sent me a nurse because the device, when I gave my son the injection, I waited about 10 to 15 seconds for all the liquid to come out, and when I removed it, the device kept leaking liquid, little drops of liquid, which it did not do it before. The nurse told me to change the needle, I changed it, but the needle kept leaking".

Product Quality Group provided investigational results on 07Aug2025 for somatropin (device constituent): Investigation Summary and Conclusion: 07Aug2025. Site investigation: Container Leaking During Prep/Use. The complaint for "the needle keeps leaking liquid" of Genotropin Pen Injectable was investigated. The investigation included reviewing the involved batch records, deviation investigation, evaluation of reference sample, an analysis of the complaint history for the involved scope and Annual Product Review. A complaint sample was not returned. The complaint is not confirmed. No root cause or CAPA were identified as the complaint was not confirmed. No related quality issues were identified during the investigation.

There is no impact on product quality, regulatory, validation, stability and patient safety. The Issue Escalation (NTM) process determined that no regulatory notification was required. The final scope was determined to be the associated lot of the reported lot D154. The reported defect is not representative of the quality of the batch, and reported lot remains acceptable for further distribution. Device Investigation: This investigation is based on the information captured in the Complaint Description and Argus Report. The complaint issue, Leaking During Loading, was reported. The Risk Management File was reviewed to confirm that the Hazard(s) and Hazardous Situation(s) associated with the Complaint Issue are documented in the Hazard Analysis (INX100281795), Version (9.0). All complaint investigations are trended. There is no current trend alert documented. Investigation Summary Complete Date(GMT): 07Aug2025. COMPLAINT-816941 Is The Original Record Of Follow Up COMPLAINT-818641.

Follow-up (02Aug2025): Follow-up attempts are completed. Batch/lot number is not provided, and it cannot be obtained.

Follow-up (07Aug2025): This is a follow-up report from product quality group providing investigation results

Updated information: Lot# and Expiry date of Drug and Device updated.