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			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
PRIVACY	DOMINICAN REPUBLIC		PRIVACY		14 Years	Male	Unk		Unk		

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

not give the full dose from each vial [Incomplete dose administered]
a large amount of medication was spilling [Device leakage]
not give the full dose from each vial [Device delivery system issue]

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

A 14-year-old male patient received somatropin (GENOTROPIN PEN), (Lot number: LK3089, Expiration Date: Feb2027) at 1.3 mg 1x/day (1.3 mg, 1x/day (at night)), Device Lot Number: LD7551, Device Expiration Date:

(Continued on Additional Information Page)

- ☐ 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 {Lot # LK3089; Exp.Dt. FEB-2027}
#2) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # LD7551}

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

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
#1) 1.3 mg, 1x/day (at night)	#1) Unknown
#2)	#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)	19. THERAPY DURATION
#1) Unknown	#1) Unknown
#2) 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.
PV202500080455

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

NAME AND ADDRESS WITHHELD.

24c. DATE RECEIVED BY MANUFACTURER
02-JUL-2025

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

DATE OF THIS REPORT
08-JUL-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Jan2027. The patient's relevant medical history and concomitant medications were not reported.
The following information was reported: INCORRECT DOSE ADMINISTERED (non-serious), DEVICE DELIVERY SYSTEM ISSUE (non-serious) and all described as "not give the full dose from each vial"; DEVICE LEAKAGE (non-serious), described as "a large amount of medication was spilling ". The action taken for somatropin was unknown.

Causality for "not give the full dose from each vial" and "a large amount of medication was spilling " was determined associated to device constituent of somatropin.

Additional information: The person in charge of the patient stated she noticed that a large amount of medication was spilling every time she tried to administer the dose. She could not give the full dose from each vial, which should be about four doses per vial; she was only able to give about three doses, and sometimes even less than three. Some of it was spilling.