													CIC		IS F	-01	RM	
011005																		
SUSPEC	CT ADVERSE I	REACTION REPO	RT															
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													丄	$\perp$				
		I. REA	CTION	INFOR	MATION	l												
1. PATIENT INITIALS	1a. COUNTRY	2. DATE OF BIRTH	2a. AGE	3. SEX	3a. WEIGHT	1	6 REA	CTION	ONSE	Т	8-12		CK ALL					
(first, last) PRIVACY	GUATEMALA	Day Month Year PRIVACY	7 Years	Male	Unk	Day <b>02</b>		Month JUN		<sup>'ear</sup> )25			ROPRIA ERSE F					
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  The pen was damaged, the plastic part that goes on top was damaged [Device breakage] It caused him pain and discomfort [Injection site pain] It caused him pain and discomfort [Injection site discomfort]											PATIENT DIED  INVOLVED OR PROLONGED INPATIENT HOSPITALISATION							
Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.											INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY							
A 7-year-old male patient received somatropin (GENOTROPIN PEN), (Lot number: Ir7825, Expiration Date: May2027) at 0.6 mg 1x/day, Device  (Continued on Additional Information Page)											e) LIFE THREATENING							
				(Conti	nueu on Au	uitiona	11 11110	orman	on Fa	ige)		IHK	EATEN	ING				
		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 # Ir7825; Exp.Dt. MAY-2027} #2 ) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection {Lot # Ib7549}											20. DID REACTION ABATE AFTER STOPPING DRUG?							
,					ROUTE(S) OF ADMINISTRATION  ) Unknown  ) 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. CONCOMI	TANTO	DLIC/S	) VND H	ICTO	יםי	,										
22. CONCOMITANT DRU	JG(S) AND DATES OF ADM	III. CONCOMIT			) AIND LI	1010	<i>)</i>	<u> </u>										
	, ·																	
23. OTHER RELEVANT I From/To Dates Unknown	HISTORY. (e.g. diagnostics,	allergies, pregnancy with last mo Type of History / Notes	onth of period	I, etc.) Description														
		N / MANILIE	^ ^ T I I I	יבט ואונ														
IV. MANUFACTURER INFORMATION  24a. NAME AND ADDRESS OF MANUFACTURER  26. REMARKS																		
Pfizer S.A. Laura Arce Mora Avenida Escazú, T San jose, COSTA																		
	24b. MFR CC PV20250	00067101		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.														
24c. DATE RECEIVED BY MANUFACTURE	24d. REPORT			NAME	AND ADD	RESS	WI <sup>-</sup>	ГННЕ	LD.									
03-JUN-2025	STUDY  HEALTH PROFES	SSIONAL LITERATURE	aneous															
DATE OF THIS REPORT 05-JUN-2025	25a. REPORT	T TYPE FOLLOWUP:																

## **ADDITIONAL INFORMATION**

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

Lot Number: lb7549, Device Expiration Date: Mar2027. The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: INJECTION SITE PAIN (non-serious), INJECTION SITE DISCOMFORT (non-serious) all with onset 02Jun2025, outcome "unknown" and all described as "It caused him pain and discomfort"; DEVICE BREAKAGE (non-serious), outcome "unknown", described as "The pen was damaged, the plastic part that goes on top was damaged". The action taken for somatropin was unknown.

Causality for "the pen was damaged, the plastic part that goes on top was damaged" and "it caused him pain and discomfort" was determined associated to device constituent of somatropin (malfunction).

Additional Information: The patient manager indicated: "My son is undergoing GENOTROPIN treatment, but the pen was damaged, the plastic part that goes on top was damaged. It urges me because yesterday (02Jun2025) we did the process and it did cause him pain and discomfort." He also indicated: "Here in the country they do not sell the pen, I call everywhere and they do not sell it."