

Country	Guatemala
Language	Español
Reporter Type Title	AstraZeneca Employee / Vendor

## Selected Case Types

AE	<input checked="" type="checkbox"/>
MIR	<input type="checkbox"/>
PQC	<input type="checkbox"/>
Managed Access	<input type="checkbox"/>

## Patient

Salutation	
First Name	
Last Name	
Consent To Contact Reporter	<input type="checkbox"/>
Email Address	
Phone Number	
Autonomous Community	
Program Number	
Patient Enrollment ID	

## Address

Mailing Address Line1	
Country	
City	
Zip Code	
State	
Initials	*****
Date of Birth	1949-MM-DD
Age	

Age Group	
Gender	Femenino
Ethnicity	
Imperial Height ft	
Imperial Height in	
Imperial Weight lb	
Metric Height cm	
Metric Weight kg	
Military Status	
Is Pregnant	<input type="checkbox"/>
Details Of Previous Pregnancy	
Medical History	Paciente en tratamiento desde Marzo 2024 con Trastuzumab Deruxtecán por cáncer de mama HER2+ metastásico, medico tratante refiere que inicia con síntomas respiratorios al hacer tomografía presenta neumonitis por lo que es referida a neumólogo e inician tratamiento con esteroides.

HCP

Medical Officer Occupation	Médico
Non MOW Specialty	Oncología

Medical Officer Name

Salutation	
First Name	
Last Name	
HCPID	

HCP Name

Salutation	Dr.
First Name	*****
Last Name	*****

## Address

Mailing Address Line1	*****
Country	El Salvador
City	*****
State	
Zip Code	*****
HCP Occupation	
Specialty	
Consent To Contact HCP	<input checked="" type="checkbox"/>
Email Address	*****
Phone Number	*****
Autonomous Community	
Phone Number Extn	
Fax Number	
Institution Name	
HCP Department	

## AZ Employee / Vendor

AZ Employee / Vendor	AZ Employee
PRID	
Organisation Name	
Programme Number	
AZ Aware Date	2025-05-13
Late Reason	
Received during weekend / public holiday	<input type="checkbox"/>
First Name	*****

Last Name	*****
Email Address	*****
Local Reference	
Intelligent Source	
Survey Status	
Reporter Type	hcp
Employee Type	

## Caregiver

Salutation	
First Name	
Last Name	
Relation Ship To Patient	
Consent To Contact	<input type="checkbox"/>
Email Address	
Phone Number	
Autonomous Community	

## Address

Mailing Address Line1	
Country	
City	
State	
Zip Code	

## AE Form Details Products

Medication/Device	Enhertu
Batch Lot No	Desconocido

Why Is This Med Taken	Cáncer de mama metastásico HER2+
How Is This Med Taken	Goteo intravenoso
Dose	
Unit	
Frequency	
Action Taken	Interrupción Temporal
Start Date	2024-03-DD
End Date	
Expiration Date	
Unique Device ID	
Operator Of Device	
Operator Other Text	

Vaccination Details

How many doses of this vaccine have you (or the patient) received?	
--------------------------------------------------------------------	--

Dose 1

Batch / Lot Number	
Expiration Date	
Manufacturer Name	
Date Given	
Action Taken	

Event

What Is Your Event	Neumonitis
When did it start	2025-05-01
When did it stop	

Duration

Event Outcome

Recuperándose

Date of Death

Autopsy Performed

☐

Autopsy confirmed  
this event as cause of  
Death

☐

Is Death

☐

Is Life Threatening

☐

Is Congenital Anomaly

☐

Is Hospitalisation

☐

Is Disability

☐

Is Important Medical  
Event

☒

Device Only Required  
Intervention

☐

Hospital

Hospitalisation Date

Discharge Date

Products	Events	Does the reporter believe the medication caused the event	Did Symptoms Improve	Was Medication Restarted	Did Event Reappear
Enhertu	Neumonitis	Yes	unknown	unknown	

Any Additional Info

By ticking this box, I confirm that the information I've provided is accurate and complete to the best of my knowledge. ☒

Note: Date field format is yyyy-mm-dd