AstraZeneca

Country	El Salvador
Language	Español
Reporter Type Title	Health Care Professional / HCP Staff

Selected Case Types

AE	☒
MIR	☐
PQC	☐
Managed Access	☒

Patient

Salutation	
First Name	
Last Name	
Consent To Contact Reporter	☐
Email Address	
Phone Number	
Autonomous Community	
Program Number	PSP-23269
Patient Enrollment ID	PER-3671685

Address

Mailing Address Line1	
Country	El Salvador
City	
Zip Code	
State	
Initials	********
Date of Birth	1975-07-16
Age	

Age Group	
Gender	Femenino
Ethnicity	Hispánico
Imperial Height ft	
Imperial Height in	
Imperial Weight lb	
Metric Height cm	165
Metric Weight kg	225
Military Status	
Is Pregnant	☐
Details Of Previous Pregnancy	
Medical History	

HCP

Medical Officer Occupation	Enfermera registrada
Non MOW Specialty	Oncología

Medical Officer Name

Salutation	
First Name	
Last Name	
HCPID	

HCP Name

Salutation	Srta.
First Name	********
Last Name	********

Address

Mailing Address Line1	********
Country	El Salvador
City	********
State	No aplicable
Zip Code	********
HCP Occupation	
Specialty	
Consent To Contact HCP	☒
Email Address	********
Phone Number	********
Autonomous Community	
Phone Number Extn	
Fax Number	********
Institution Name	********
HCP Department	

Caregiver

Salutation	
First Name	
Last Name	
Relation Ship To Patient	
Consent To Contact	☐
Email Address	
Phone Number	
Autonomous Community	

Address

Mailing Address Line1	
Country	El Salvador
City	
State	
Zip Code	

AE Form Details
Products

Medication/Device	OLAPARID
Batch Lot No	Desconocido
Why Is This Med Taken	CA MAMA
How Is This Med Taken	Oral
Dose	150
Unit	mg
Frequency	Cada 12 horas
Action Taken	Ninguna
Start Date	2023-05-04
End Date	2025-07-21
Expiration Date	
Unique Device ID	
Operator Of Device	Paciente/cuidador
Operator Other Text	

Vaccination Details

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

Dose 1

![AstraZeneca]

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

Products

Medication/Device	OLAPARID
Batch Lot No	Desconocido
Why Is This Med Taken	
How Is This Med Taken	
Dose	
Unit	
Frequency	
Action Taken	Ninguna
Start Date	
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	MUERTE
When did it start	2025-07-22
When did it stop	2025-07-22
Duration	
Event Outcome	Muerte
Date of Death	2025-07-22

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	

Event

What Is Your Event	MUERTE

When did it start	2025-07-22

When did it stop	2025-07-22

Duration	

Event Outcome	

Date of Death	2025-07-22

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
OLAPARID	MUERTE	No			
OLAPARID	MUERTE	No			
OLAPARID	MUERTE	No			
OLAPARID	MUERTE	No			

Any Additional Info

AE reported from Early Access Program. || Program number - PSP-23269 || Patient enrollment ID - PER-3671685 || AE reported from Early Access Program. || Program number - PSP-23269 || Patient enrollment ID - PER-3671685

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

4:20:08 PM

Note: Date field format is yyyy-mm-dd