



Macroproceso Nombre Macroproceso
Proceso Nombre Proceso
Subproceso Nombre Subproceso

I. REPORTE DEL EVENTO

Número/identificación del reporte local:

Número de reporte de la SRS:

Form section I containing fields for Title of report, Date of notification, Type of event, and Reason of severity.

II. NOTIFICADOR

Form section II containing fields for Notifier Name, Email, Institution, Profession, and Phone number.

III. INFORMACIÓN DEL PACIENTE

Form section III containing fields for Patient Name, Age, Sex, Weight, Height, and Residence.

HISTORIA CLÍNICA

Form section IV containing fields for Date of detection, Hospitalization status, Medication use, and Clinical antecedents.

Table with 4 columns: Reactions/Problem, Start Date, End Date, and Action taken before reaction.

Form section V containing questions about adverse reaction disappearance and reappearance.

IV. MEDICAMENTO

Table with 5 columns: Name of Suspect Medication, Dose, Route of Administration, Start Date, and End Date.

OTROS DATOS DEL MEDICAMENTO SOSPECHOSO

Form section VI containing fields for Generic Name, Concentration, Presentation, and other medication details.

Handwritten signature of Dra. Glenda Ivonne García Chacón and a blue official stamp.