Health
Food Chain Safety
Environment

Directorate General **Animals, Plants and Food**
Address : **Avenue Galilée 5/2 B-1210 Brussels**

ADVERSE REACTION REPORT FORM FOLLOWING THE USE OF A FOOD SUPPLEMENT, NOVEL FOOD, FOOD FOR SPECIFIC GROUPS OR AN ENRICHED FOODSTUFF

Declaration date :

1° Information relating to the declarant :

Declaration by : Citizen Doctor Pharmacist Company[1] Other :

Name : Address :

Postal code : City : Telephone[2] :

Email[2] :

[1]Company = Operator defined by the Royal Decree on the notification of adverse reactions linked to the use of foodstuffs.
[2]Telephone number or e-mail **must** be entered.

2° Information relating to the consumer :

First letter of surname* : First letter of first name* : Gender : F M X

Age :

- Infant : 0-6 months ; 7-12 months
- Child : 1-3 years ; 4-6 years ; 7-11 years ; 12-14 years ; 15-18 years
- Adult : 19-70 years ; >70 years

Pregnant : Yes No Do not know

Medical information :
(Antecedent(s), factor(s) or any relevant medical information(s) likely to be related to the occurrence of the adverse reaction).

3° Contested product(s) :

	Product 1	Product 2	Product 3
Commercial name*			
Branch			
Company			
Batch number			
Function			
Composition			
Purchase	Food store Pharmacy Internet Other :	Food store Pharmacy Internet Other :	Food store Pharmacy Internet Other :

Consumption start	*Month and year at least.*	*Month and year at least.*	*Month and year at least.*
Consumption end	*Month and year at least.*	*Month and year at least.*	*Month and year at least.*
Dose			
Did the effects disappear when the use was stopped ?	Yes No Do not know	Yes No Do not know	Yes No Do not know
Was the product used again ?	Yes No Do not know	Yes No Do not know	Yes No Do not know
Did the effects return ?	Yes No Do not know	Yes No Do not know	Yes No Do not know

4° Description of the undesirable effects :

Start date of undesirable effects : *Month and year at least.*

Duration of symptoms :

Description and evolution of symptoms* :

5° Associated consumption(s) :

	Product 1	Product 2	Product 3
Product name*			
Product type	Drug Food supplement Alcohol Tobacco Illegal drug Other :	Drug Food supplement Alcohol Tobacco Illegal drug Other :	Drug Food supplement Alcohol Tobacco Illegal drug Other :
Quantity			
Comment(s)			

6° Any comment(s) :

Documents may be attached to the form (product label, medical analysis, photo(s), etc.)

(*) Mandatory fields
Data will be treated as confidential.

THANK YOU FOR YOUR DECLARATION.
To be returned to : nutrivigilance@health.fgov.be or to the address : Avenue Galilée 5/2 B-1210 Brussels.