

**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 Company¹ Other :

Name : Address :

Postal code : City : Telephone² :

Email² :

¹Company = Operator defined by the Royal Decree on the notification of adverse reactions linked to the use of foodstuffs.

²Telephone 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).

Hypercholesterolemia
High blood pressure
Allergy to penicillin

3° Contested product(s) :

	Product 1	Product 2	Product 3
Commercial name*	Plantigrade		
Branch	Plantinics		
Company	Plantilabo		
Batch number	123/1234		
Function	Reducing stress		
Composition	Magnesium glycerophosphate; taurine; bulking agents: hydroxypropyl cellulose; anti-caking agents: sodium carboxymethyl cellulose.		
Purchase	<input type="radio"/> Food store <input type="radio"/> Pharmacy <input checked="" type="radio"/> Internet <input type="radio"/> Other : <input type="text" value="www.plantilabo.be/plantigrade"/>	<input type="radio"/> Food store <input type="radio"/> Pharmacy <input type="radio"/> Internet <input type="radio"/> Other : <input type="text"/>	<input type="radio"/> Food store <input type="radio"/> Pharmacy <input type="radio"/> Internet <input type="radio"/> Other : <input type="text"/>

Consumption start	<input type="text" value="15/12/2023"/> <i>Month and year at least.</i>	<input type="text"/> <i>Month and year at least.</i>	<input type="text"/> <i>Month and year at least.</i>
Consumption end	<input type="text" value="29/12/2023"/> <i>Month and year at least.</i>	<input type="text"/> <i>Month and year at least.</i>	<input type="text"/> <i>Month and year at least.</i>
Dose	<input type="text" value="1 tablet a day"/>	<input type="text"/>	<input type="text"/>
Did the effects disappear when the use was stopped ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
Was the product used again ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
Did the effects return ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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* :

I took the Plantigrade food supplement for 2 weeks. After a week, I felt very tired and experienced nausea and vomiting. To treat the nausea and vomiting, my doctor prescribed Nausitib. After stopping the food supplement, the symptoms stopped.

5° Associated consumption(s) :

	Product 1	Product 2	Product 3
Product name*	<input type="text" value="Cigarette X"/>	<input type="text" value="Statinux"/>	<input type="text"/>
Product type	<input type="radio"/> Drug <input type="radio"/> Food supplement <input type="radio"/> Alcohol <input checked="" type="radio"/> Tobacco <input type="radio"/> Illegal drug <input type="radio"/> Other :	<input checked="" type="radio"/> Drug <input type="radio"/> Food supplement <input type="radio"/> Alcohol <input type="radio"/> Tobacco <input type="radio"/> Illegal drug <input type="radio"/> Other :	<input type="radio"/> Drug <input type="radio"/> Food supplement <input type="radio"/> Alcohol <input type="radio"/> Tobacco <input type="radio"/> Illegal drug <input type="radio"/> Other :
Quantity	<input type="text" value="1 pack a day"/>	<input type="text" value="1 tablet a day"/>	<input type="text"/>
Comment(s)	<input type="text"/>	<input type="text" value="Cholesterol treatment"/>	<input type="text"/>

6° Any comment(s) :

I enclose the results of my blood test and the Plantigrade product labelling.

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.