

 <b>Paviour</b> <small>Obsessed with Quality</small>	<b>PAVIOUR PHARMACEUTICALS PVT. LTD.</b> <b>DELHI</b> <b>PHARMACOVIGILANCE DEPARTMENT</b>	
<b>Pharmaceutical Technical Complaint (PTC)</b> <b>Report Form for Registered Products</b>		
Please complete and forward this form to Paviour Pharmaceuticals Pvt. Ltd., 311-312, Suneja Tower-1, District Centre, Janakpuri, New Delhi – 110058 within 24 hours of becoming aware of the PTC. Email ID: <a href="mailto:drugsafety@paviour.org">drugsafety@paviour.org</a>		
Name of Reporter		
Address		
E-mail		
Phone number		
<b>If healthcare professional, state qualification</b> <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Care giver <input type="checkbox"/> others, please state _____		
<b>COMPLAINT INFORMATION</b>		
Product name:	Batch No.:	Expiry date:
No. of affected products:		
<div style="border: 2px solid red; padding: 10px;">         Was the medication already administered to a patient?    <input type="checkbox"/> YES    <input type="checkbox"/> NO           If yes, did the patient experience an adverse reaction?    <input type="checkbox"/> YES    <input type="checkbox"/> NO           If yes, please give details of the event on a separate Adverse Drug Reaction Reporting Form.       </div>		
Details of the complaint / technical deficiency:		
Return of sample(s) to Paviour Pharmaceuticals Pvt. Ltd. Regd. Office,  Central Incoming Goods initiated? <input type="checkbox"/> YES <input type="checkbox"/> NO  Address:    311-312, Suneja Tower-1 District Centre, Janak Puri, New Delhi - 110058		
<b><i>Important: Please add photos of the concerned product if possible! This is of utmost importance, when no sample can be returned (e.g. in case of breakage of glass).</i></b>		