Instructions for Completing the DHMH Medwatch Form

GENERAL INSTRUCTIONS

- Please make sure that all entries are typed, printed in a font no smaller than 10 point, or printed using black ink.

- Please complete all sections that apply to your report.

- To complete an item when information is not available, use the following as appropriate:

  - "NA" for not applicable

  - "NI" for no information at this time (but may become available later)

  - "UNK" for unknown

- Dates should be entered as month/day/year (e.g., June 3, 1998 = 06/03/1998). If exact dates are unknown, please provide the best estimate.

- For narrative entries, if the fields do not provide adequate space, attach an additional page(s) as needed.

  Please incorporate the following information:

  - Identify all attached pages as *Page __ of __*

  - Indicate the appropriate Letter of the section and Arabic numeral next to the narrative continuation.

  - Include the phrase *continued* at the end of each field that has additional information continued onto another page.

  - If the case report involves more than two (2) suspect medications, please submit another copy of the DHMH Medwatch form, with only **section C** or filled in as appropriate.

SPECIFIC INSTRUCTIONS

A. **Patient Information**: The exact patient name, Medical Assistance Number and Date of Birth is essential. Please print clearly.

B. **Adverse Event or Product Problem**: Provide the date of the event in section 5. Give as many details of the event as possible.

C. **Suspect medication(s)**: Make sure the drug name, strength and dosage form is included. Give generic manufacturer if known.

D. **Degree of Certainty that the Adverse Drug Reaction is Due to Generic**: If this section is not completed, the veracity of the form will be in question.

E. **Physician**: Be certain to print the prescriber's name and DEA number. The Prescriber's fax number is essential.