

Reporting Person/Entity

Name	Organisation
Address	
Ph ()	Fax ()
Email	

Other Contact(s)

Veterinarian Health Professional Affected Person Other

Name	Organisation
Address	
Ph ()	Fax ()
Email	

PLEASE NOTE: The information provided by you in this form will be retained by the Australian Pesticides & Veterinary Medicines Authority (APVMA) in hardcopy and electronically and used to assess whether the adverse effect is associated with the use of a veterinary medicine or agriculture chemical.

In conducting an assessment of this report, the APVMA may need to forward your report to Australian Commonwealth, State or Territory government agencies, the person or business responsible for distributing this product in Australia or any relevant third party (medical practitioner or agronomist) contracted to provide advice to the APVMA. These agencies are not to use this information for any other purpose.

Please indicate if you do not consent for your information to be shared as above.

I do not consent

Signature: Date:/...../.....

KP83-F02(D)

Version: 1

Fold 1



Australian Government
**Australian Pesticides and
Veterinary Medicines Authority**

The Adverse Experience Reporting Program (AERP) is administered by the Australian Pesticides & Veterinary Medicines Authority (APVMA) which is an independent Australian Government statutory authority.

Download/submit online

To obtain further information, please visit the APVMA website at: <http://www.apvma.gov.au>

Email: AERPCoordinator@apvma.gov.au

Fax: (02) 6210 4813

Freecall: 1800 700 583

Information provided

Please take the time to include all available information. If there is insufficient space in any section of this form, please attach details on a separate sheet.

Separate sheet attached? Yes No

If yes, number of pages attached:

Fold 2

No stamp
required if
posted in
Australia

Adverse Experience Reporting Program
APVMA
Reply Paid 6182
KINGSTON ACT 2604