COSMETIC PRODUCT [CONFIDENTIAL]

To: Vigilance and Compliance Branch Health Products Regulation Group Health Sciences Authority 11 Biopolis Way, #11-03 Helios Singapore 138667

Tel: (65) 6866 3538 Fax: (65) 6478 9069

Email: HSA_productsafety@hsa.gov.sg

FOR OFFICIAL USE ONLY Date received:

Product Notification No.:

REPORT FORM FOR ADVERSE EVENT ASSOCIATED WITH COSMETIC PRODUCT

Name a designation of person reporting Tel No.: Fax No.: Email: Product Particulars Fax No.: Fax No.: Email:	I. Company Pa	rticulars				
reporting Tel No.: Fax No.: Email: Product Particulars Fax No.: Email:	Name and address of Com	pany				
II. Product Particulars Product Name (as in product notification) Ingredient listing & pack size (Please attach a separate list) Product Type/Intended use Name of Manufacturer & country of manufacturing date Expiry or manufacturing date Batch No. III. Details of Adverse Event Name of Initials of person Identification or Passport no. Age Sex Ethnic group / Nationality Date of onset of adverse event (please use and attach a separate report if necessary) Delay between last application of the product and onset of symptoms:min(s)hour(s)day(s) How was the product used: Is the person hospitalised due to the adverse reaction? Yes No Outcome Recovered (Date:) Death (Date:) Not yet recovered Unknown Source of report In Healthcare professional Consumer Others (specify) Signature Date IV. Reporter Particulars Name of Reporting Person: Contact no:		son				
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Did person seek medical attention? Outcome	How was the product used:					
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Source of report	Did person seek medical at	□ Yes □ □	□ Yes □ No			
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IV. Reporter Particulars Name of Reporting Person: Contact no:	Source of report					
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Name of Reporting Person: Contact no:	IV. Reporter Particulars					
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	Profession:				Email address:	