

## 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

<b>FOR OFFICIAL USE ONLY</b> Date received: Product Notification No.:
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### REPORT FORM FOR ADVERSE EVENT ASSOCIATED WITH COSMETIC PRODUCT

#### I. Company Particulars

Name and address of Company		
Name & designation of person reporting		
Tel No.:	Fax No.:	Email:

#### 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 manufacture	
Expiry or manufacturing date	
Batch No.	

#### III. Details of Adverse Event

Name/ Initials of person			
Identification or Passport no.			
Age		Sex	
Ethnic group / Nationality			
Date of onset of adverse event			
Description 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did person seek medical attention?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outcome <input type="checkbox"/> Recovered (Date: _____) <input type="checkbox"/> Death (Date: _____) <input type="checkbox"/> Not yet recovered <input type="checkbox"/> Unknown			
Source of report		<input type="checkbox"/> Healthcare professional <input type="checkbox"/> Consumer <input type="checkbox"/> Others (specify)	
Signature		Date	

#### IV. Reporter Particulars

Name of Reporting Person:	Contact no:
Profession:	Email address: