

Bioveta, a.s. Ivanovice na Hané	Hlášení NÚ	Ident. kód: A00031 Strana: 1 z 2 Příloha: 1 Verze: V009
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Bioveta, a. s.

Manufacturer of veterinary pharmaceuticals and immunological products

Reporting Form for adverse reaction

<i>Veterinarian/</i>	
<i>Owner of animal/</i>	
<i>Name of product/ Package/</i>	
<i>Batch number/</i>	
<i>Expiration/</i>	
<i>Kind of animal/</i>	
<i>Breed/</i>	
<i>Age/</i>	
<i>Dose/</i>	
<i>Date of primovaccination/</i>	
<i>Date of revaccination/</i>	
<i>Date of application/</i>	
<i>Date of reaction/</i>	
<i>Local reaction/</i>	
<i>General reaction/</i>	
<i>Date/</i>	
<i>Written by/</i>	

Bioveta, a. s., Komenského 212, 683 23 Ivanovice na Hané, Czech Republic

<http://www.bioveta.cz> ● e-mail: comm@bioveta.cz ● IČ: 25304046 ● DIČ: CZ25304046 ● company registered at the Regional Court in Brno, file No. section B, insert 2041 banking connection GE Money Bank, account No.: 194558116/0600 ● tel.: 00420 517 318 500 ● fax: 00420 517 363 294

Bioveta, a.s. Ivanovice na Hané	Hlášení NÚ	Ident. kód: A00031 Strana: 2 z 2 Příloha: 1 Verze: V009
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<i>Others important information /</i>	<p><i>1. Date of birth</i></p> <p><i>2. Day, time and place of application vaccine</i></p> <p><i>3. Sort and total amount animals of breeder</i></p> <p><i>4. Number of animals which have been vaccinated by our product, sex, age, weight</i></p> <p><i>5. Clinical condition before application:</i></p> <p><i>6. Parallel using of other product during treatment by our product, prophylactic surgery in last week before application:</i></p> <p><i>7 Application:</i></p> <ul style="list-style-type: none"> <i>- vaccine (store, transport, shaking):</i> <i>- dose +application place and way</i> <i>- apply by who (vet, farmer, keeper):</i> <p><i>8. adverse reactions</i></p> <ul style="list-style-type: none"> <i>- number of animals with reaction and their health condition:</i> <i>- description of reaction:</i> <i>- the emergence of minutes after application:</i> <i>- duration of response:</i> <i>- mortality (amount and duration after application)</i> <p><i>9. Who did at the first moment find out the adverse reaction and when did he/she report it to vet.</i></p> <p><i>10. Was the first aid given</i></p> <p><i>11. Was the autopsy did (place) and what was the result of autopsy (protocol):</i></p> <p><i>Date</i></p>
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