



Pharmaceutical Products Quality Reporting Form
(Form NO. PQ-1)

*Note: this form is **NOT** for reporting adverse drug reactions (ADR). For ADR reporting use form NO. ADR-1*

A. Patient Details

Patient Name or initial (Optional):	Date of birth:	Age:	Weight:
Medical Record No:	Health Institution :	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

B. Product Details

Product name (Generic & Brand):		
Package size:	Strength:	Dosage form:
Batch number:		
Manufacturer:		
Manufacturing date:	Expiry date:	

C. Type of Quality Problem

<input type="checkbox"/> Therapeutic Failure	<input type="checkbox"/> Packaging	<input type="checkbox"/> Physical, chemical or microbial changes	<input type="checkbox"/> Other
Description:			

D. Reporter Details

Name:	
Profession:	Organization:
Address:	E-mail:
Phone:	Fax:
Signature:	Date:

**How to report:**

- Fill out the reporting form.
- Attach additional information, if needed.
- Use a separate form for each product.

Please submit completed forms to:

Quality Assurance Department

Dr. Abdullaziz Alharbi QA-Manager

Email: QA1jalpharma@gmail.com

Phone: +967770702209

Or

Pharmacovigilance Department

Dr. Nabil Khuris-DSO(Drug Safety Officer)

Mr. Mouath Ali Alsaedi D-DSO(Deputy Drug Safety Officer)

Email : QPPV@jalpharma.com

Fax : +9671683048

P.V Mobile phones:

+9671683047

(24hrs/ 7 days a week)

+967777710967

(24hrs/ 7 days a week)

+697777353722

Dr. Nabil Khuris DSO

(24hrs/ 7 days a week)

+967737377642

Mouath Al-saeedi D-DSO
(24hrs/ 7 days a week)

Thank you