

Please use this form to report adverse events related to our veterinary medicinal products. The form should be filled in as completely as possible and should be sent to us by email to pharmacovigilance@equicord.com.

Veterinary Product: HorStem  DogStem		Batch number: Expiry date:		
		Date of treatment:		
		SENDER IDENTIFICATION		
<b>Safety issu</b> in animals [ in humans [		Veterinarian Pharmacist/Distributor Other Name and address:		
	Phone:	Phone:		
Lack of expected efficacy	Email:	Email:		
	Name of the pa	Name of the patient:		
PATIENT(S) Animal(s)	☐ Human(s)			
Specie Age	R	eason for treatment		
Description of the event. Please, also indicate if and how the reaction has been treated. What was the result?				
Relation of the adverse event to our veterinary medicine:				
Relation of the adverse event to our veterinary medicine:				
A. Probable 🗌 B. Possible 🗌 O. Unclassifiable/Unassessable 🗌 O1. Inconclusive 🗌 N. Unlikely 🗌				

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Has the patient received an Yes No	y other treatment?			
	ne of the medicinal product, route/sit of the treatment, start and end dates c	e of administration, dose/frequency, posology, f treatment:		
Other relevant data (investigations carried out or on going, a copy of medical report for human cases,)				
HUMAN CASE				
If the reported case refers to a human being, please also complete the details of exposure below.				
Oral ingestion  Topical exposure  Ocular exposure  Injection exposure  Site: Other  Describe:				
Comments:				
Date	Place	Name of the sender		

By submitting this form to EquiCord you agree that EquiCord will report all data in this form, including personal data, to the competent authorities. EquiCord is legally obliged to keep all the data in its pharmacovigilance database.

The data will be shared with other parties only in relation to legal pharmacovigilance duties of EquiCord.

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