Report of medicinal product shortage affecting the Irish market from patients and healthcare professionals

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| This form is for use by patients and healthcare professionals to notify suspected medicine shortages.  Marketing authorisation holders should notify a shortage using SUR-F0207 Notification of medicinal product shortage from marketing authorisation holder.  Wholesale distributors and manufacturers should notify a shortage using SUR-F0209 Report of a medicinal product shortage from wholesale distributors and manufacturers.  Please return the completed form to [shortages@hpra.ie](mailto:shortages@hpra.ie). |
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| **1** | **YOur details** |
|  | Name of reporter:  Contact details:  Are you a…?  Patient (or their caregiver)  Doctor  Pharmacist  Nurse  Other: (please specify:      ) |
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| **2** | **Product Details**  *Please provide as much information as possible in order to correctly identify the medicine in question. The information requested below is available on the packaging of the medicinal product or in the package leaflet.*   |  |  | | --- | --- | | Name of medicine |  | | Authorisation or certificate number(s) |  | | Active substance(s) |  | | Pharmaceutical form(s) and strength(s) *(e.g. tablet, 30 mg)* |  | | Name and address of authorisation holder |  | |
| **3** | **Details regarding the shortage**  *Please complete section 3.1, 3.2 or 3.3 as appropriate.* |
|  | **3.1 For completion by patients (or their caregiver):**  Description of the issue:  *(Please include information on how long this has been going on, whether or not it is a repeated issue, etc*.)    Please give details of whom, other than the HPRA, you have contacted about this issue? (*Include details of pharmacies or prescribers who were contacted, the companies and any outcome.*) |
|  | **3.2 For completion by pharmacists:**  Description of the issue:  *(Please include information on how long this has been going on, whether or not it is a repeated issue, etc*.)    Have you contacted more than one wholesale distributor?  Yes  No  Please provide contact details for all of the wholesale distributors contacted: (*Include date, contact name, email and outcome for each wholesale distributor if available.)*    If applicable please provide details of the marketing authorisation holder(s) if contacted: (I*nclude date, contact name and outcome.)* |
|  | **3.3 For completion by doctors and other healthcare professionals:**  Description of the issue:  *(Please include information on how long this has been going on, whether or not it is a repeated issue, etc*.)    Have you been in contact with any pharmacy?  Yes  No  If yes, please advise what pharmacy was contacted, when and the outcome of that contact: |

Please return the completed form to [shortages@hpra.ie](mailto:shortages@hpra.ie) or

Scientific Affairs Section,

Health Products Regulatory Authority,

Earlsfort Centre,

Earlsfort Terrace,

Dublin 2,

D02 XP77.