

**MINISTRY OF HEALTH  
PHARMACY AND POISONS BOARD  
P.O. Box 27663-00506 NAIROBI**

Tel: (020)-3562107 Ext 114, 0720 608811, 0733 884411 Fax: (020) 2713431/2713409

Email: [pv@pharmacyboardkenya.org](mailto:pv@pharmacyboardkenya.org)

**FORM FOR REPORTING SUSPECTED POOR-QUALITY MEDICAL PRODUCTS AND HEALTH TECHNOLOGIES**

**Product category (Tick appropriate box):**

- Medicinal product
- Blood and blood products.
- Other.....
- Herbal product
- Medical device/ Invitro Diagnostics
- Vaccine
- Cosmeceuticals

Name of Facility: County: Sub- County:  
 Facility Address. Facility Telephone:

**PRODUCT IDENTITY**

Bran Name		Generic Name	
Batch/Lot Number/ Unique identifiers (blood & blood products)	Date of Manufacture	Date of Expiry	Date of Receipt
Name of Manufacturer	Address	Country of Origin	
Name of Distributor/ Supplier	Distributor/ Supplier's Address	Telephone	

**PRODUCT FORMULATION  
(Tick appropriate box)**

**COMPLAINT  
(Tick appropriate box/boxes)**

- |  |  |
|--|--|
| <input type="checkbox"/> Oral tablets/capsules<br><input type="checkbox"/> Oral suspension/syrup<br><input type="checkbox"/> Injection<br><input type="checkbox"/> Diluent<br><input type="checkbox"/> Powder for reconstitution of suspension<br><input type="checkbox"/> Cream / Ointment / Liniment / Paste<br><input type="checkbox"/> Other ..... | <input type="checkbox"/> Powder for reconstitution of injection<br><input type="checkbox"/> Eye drops<br><input type="checkbox"/> Ear drops<br><input type="checkbox"/> Nebulizer solution<br><input type="checkbox"/> Color change<br><input type="checkbox"/> Separating<br><input type="checkbox"/> Powdering / crumbling<br><input type="checkbox"/> Caking<br><input type="checkbox"/> Therapeutic ineffectiveness<br><input type="checkbox"/> Other..... |
| <input type="checkbox"/> Moulding<br><input type="checkbox"/> Change of Oduor<br><input type="checkbox"/> Mislabeling<br><input type="checkbox"/> Incomplete pack  |  |

**FOR MEDICAL DEVICE AND INVITRO DIAGNOSTIC**

<input type="checkbox"/> Packaging	<input type="checkbox"/> Mechanism	<input type="checkbox"/> Data	<input type="checkbox"/> Failure to Calibrate
<input type="checkbox"/> Labelling	<input type="checkbox"/> Electrical	<input type="checkbox"/> Software	<input type="checkbox"/> Results
<input type="checkbox"/> Sampling	<input type="checkbox"/> Data	<input type="checkbox"/> Environmental	<input type="checkbox"/> Readings

Describe complaint in detail.....  
 Was the cold chain maintained for both transportation and storage?.....(Attach sample for physical evaluation)

**Storage Conditions**

Does the product require refrigeration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other details (if necessary):
Was product available at facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was product dispensed and returned by client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was product stored according to manufacturer / MoH recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Reporter Details**

Name of Initial Reporter:	Cadre/Designation:	Mobile no: Email :
Name of Person Submitting to PPB if different from reporter:	Cadre/Designation:	Mobile no: Email :

**FOR OFFICIAL (PPB ) USE ONLY**

Report No: ...../...../..... Date Received ...../...../.....

**Your support towards the National Pharmacovigilance system is appreciated**

Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the event.

Patient's identity is held in strict confidence and program staff is not expected to and will not disclose reporter's identity in response to any public request.

Information supplied by you will contribute to the improvement of drug safety and therapy in Kenya. Once completed please send to:  
The Pharmacy and Poisons Board on the above address

**NB: THE BOARD WILL CONTACT YOU INCASE MORE SAMPLES ARE REQUIRED FOR ANALYSIS. IN SUCH SITUATIONS THIS IS AN INDICATIVE GUIDE ON THE NUMBER OF SUSPECTED POOR QUALITY SAMPLES TO BE SUBMITTED**

FORMULATION	PACK SIZE	MINIMUM NO. OF SAMPLES REQUIRED
Tablets/ capsules	All	100 Tablets/Capsules
Suspension/Syrups	≤ 50mL	20 Bottles
	10 – 100mL	
	> 10mL	
	≥ 100mL	
Injectables	≤ 10mL	100 Vials/Ampoules
	10 – 100mL	50Vials/Ampoules/Bottles
	≥ 100mL	10 Bottles
Creams/Ointments	≤ 5g	50 Tubes
	5 – 50g	20Tubes/Jar
	≥ 50g	5Tubes/Jars
Eye/Ear Drops	< 10mL	100 Bottles
	≥ 10mL	50 Bottles
Inhalers	All	10 Packs
Raw material	All	5g
Medical Devices /Invitro Diagnostics	ALL	As shall be advised

#### EXPLANATION FOR PRODUCT PROBLEMS FOR MEDICAL DEVICES AND DIAGNOSTICS

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Packaging – damaged, defective, suspect tampered</li> <li>• Labelling– insufficient instructions for use, illegible</li> <li>• Sampling – device doesn't collect/transfer specimen</li> <li>• Liquid – leak, splash</li> <li>• Mechanical – misalignment, jam</li> <li>• Electrical - unable to charge, power loss or fluctuation</li> <li>• Data – capture, display, or storage affecting product functionality</li> </ul> | <ul style="list-style-type: none"> <li>• Software – network, program, algorithm, or security affecting product functionality</li> <li>• Environmental – noise, temperature, humidity/ moisture, fungal/bacterial growth, or dust affecting product functionality</li> <li>• Failure to calibrate</li> <li>• Results- Increased rate of invalid or unreturnable test results</li> <li>• Reading-Obviously incorrect, inadequate or imprecise result or readings, Unable to obtain reading</li> </ul> |
|--|---|