

COSMETIC PRODUCT [CONFIDENTIAL]

To: Health Sciences Authority
11 Biopolis Way, #11-03 Helios
Singapore 138667
Tel: (65) 6866 1111
Email: HSA_Cosmetics_Control@hsa.gov.sg

FOR OFFICIAL USE ONLY
Date received:
Product Notification No.:

REPORT FORM FOR ADVERSE EVENT ASSOCIATED WITH COSMETIC PRODUCT**I. Company Particulars**

Name and address of company		
Name & designation of person reporting		
Tel No.:	Fax No.:	Email:

II. Product Particulars

Product name (as in product notification)	
Ingredient listing & pack size	(Please attach a separate list)
Product type/Intended use	
Name of manufacturer & country of manufacture	
Expiry or manufacturing date	
Batch no.	

III. Details of Adverse Event

Name/ Initials of person	
Identification or Passport no.	
Age	Sex
Ethnic group / Nationality	
Date of onset of adverse event	
Description of adverse event (please use and attach a separate report if necessary)	
Delay between last application of the product and onset of symptoms: ____min(s)____hour(s)____day(s)	
How was the product used:	
Is the person hospitalised due to the adverse reaction? ☐ Yes ☐ No	
Did person seek medical attention? ☐ Yes ☐ No	
Outcome ☐ Recovered (Date:_____) ☐ Death (Date:_____) ☐ Not yet recovered ☐ Unknown	
Source of report	☐ Healthcare professional ☐ Consumer ☐ Others (specify)
Signature	Date

IV. Reporter Particulars

Name of Reporting Person:	Contact no:
Profession:	Email address: