**DRUG QUALITY REPORTING FORM**

Name of Health Unit: .............................................. Governorate: ..............................................

**PRODUCT:**
- Trade Name: .............................................. Generic Name: ..............................................
- Strength: .............................................. Dosage form: .............................................. Item code: ..............................................
- Batch No.: .............................................. Mfg. date: .............................................. Expiry date: ..............................................

**Manufacturer & Country of Origin:** ..............................................

**QUALITY PROBLEM (S):**

- ( ) Not effective:  
  - Patient’s Complaint
  - Clinical evaluation
  - Specify ..............................................

- ( ) Non-compliance with specifications:  
  - Chemical
  - Physical
  - Microbial
  - Specify ..............................................

- ( ) Difficulty in use:  
  - Taste
  - Odour
  - Size
  - Specify ..............................................
  - Opening
  - Closure
  - Storage
  - Others

- ( ) Packaging Materials:  
  - Look-alike
  - Outer pack
  - Inner pack
  - Cartons
  - Poor Quality
  - Labels
  - Specify ..............................................

- ( ) Pack Insert:  
  - Required information not available
  - Others
  - Specify ..............................................

Tick (√) in case of quality problem; specify details and forward defected samples of drug/s as applicable.

Reporter’s name: .............................................. Designation: ..............................................

Signature: ..............................................

Date: .............................................. Health Unit stamp

**Note:** To be filled in by the Physician, Pharmacist / Assistant Pharmacist or Nursing Staff concerned and forwarded through the Director / Supdt. / Head of Pharmacy & Medical Stores to The Head of Quality Management & Medicines Safety, DG Office, DGMS, MOH, Muscat, Fax: 24607124 / 24601593 with copy to the Director of Drug Stores, DGMS.