

**BORANG LAPORAN ADUAN PRODUK  
YANG BERDAFTAR DENGAN PIHAK BERKUASA KAWALAN DADAH**  
Product Complaint Form for Products Registered with the Drug Control Authority

**SILA KEMUKAKAN SAMPEL ADUAN BERSAMA DENGAN BORANG INI**  
Please send complaint samples with this form.

**i. MAKLUMAT PRODUK**

Particulars of Product

**NAMA PRODUK:**

Name of Product

**NO. PENDAFTARAN PBKD/MAL:**

Registration Number

**NO. KELOMPOK:**

Batch Number

**TARIKH DIKILANGKAN:**

Manufacturing Date

**TARIKH LUPUT:**

Expiry Date

**ii. BUTIR-BUTIR ADUAN LENGKAP**

Sila isikan bahagian yang berkenaan

Please fill in the details according to the nature of the complaint

**ADUAN KUALITI:**

Complaint on product quality

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**ADUAN EFIKASI:**

Complaint on product efficacy

*Bagi masalah efikasi, kerjasama tuan/puan diminta supaya memberi maklumbalas objektif seperti:*

- % pesakit yang menghadapi masalah.
- Adakah masalah berlaku selepas "brand switching"
- "Objective findings" seperti BP reading, RBS dll yang boleh menyokong aduan bahawa produk kurang berkesan.

Kindly provide us with objective feedback such as:

- % patients having similar problems
- Was the problem occurring after brand switching
- Objective findings such as BP reading, RBS etc to support the complaint on the efficacy of the product

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**iii. MAKLUMAT PELAPOR**

Particulars of Complainant

**NAMA:**

Name

**JAWATAN/PEKERJAAN:**

Designation/Occupation

**ALAMAT LENGKAP TEMPAT KERJA:**

Address

**TELEFON:**

Telephone

**FAX:**

Fax

**TANDATANGAN:**

Signature

**TARIKH:**

Date

**Sila hantar kepada:**

Please send to:

**SEKSYEN SURVEILANS & ADUAN PRODUK  
PUSAT PASCA PENDAFTARAN PRODUK  
BIRO PENGAWALAN FARMASEUTIKAL KEBANGSAAN  
KEMENTERIAN KESIHATAN MALAYSIA  
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