



PELAPORAN DEFEK PRODUK BERDAFTAR
DEFECT REPORTING OF REGISTERED PRODUCT

Sila pastikan borang diisi dengan lengkap. Butiran bertanda (*) adalah **WAJIB DIISI**.
Please ensure the form is fully completed. Particulars marked with () are MANDATORY*

Hanya borang yang lengkap diisi sahaja akan diproses. *Only completed form will be processed.*

Bagi **laporan kesan sampingan ubat**, sila gunakan **borang ADR/ AEFI**.
For adverse event reporting, please use ADR/ AEFI form.

Sila hantar kepada/ *Please submit to:*

**UNIT PELAPORAN KUALITI PRODUK BERDAFTAR
SEKSYEN SURVEILANS DAN ADUAN
PUSAT KOMPLIANS DAN KAWALAN KUALITI
BAHAGIAN REGULATORI FARMASI NEGARA
(NPRA) KEMENTERIAN KESIHATAN MALAYSIA
LOT 36, JALAN PROFESOR DIRAJA UNGKU AZIZ
46200 PETALING JAYA
SELANGOR**

Tel : 603-7883 5400

E-mel : gpr@npra.gov.my

I - MAKLUMAT PRODUK / PRODUCT PARTICULARS

| | | | | | |
|--|---|---|--|---|-------|
| * Nama produk pada label / <i>Name of product on label</i> | : | _____ | | | |
| Bahan aktif / <i>Active ingredient</i> | : | _____ | | | |
| * Nombor pendaftaran / <i>Registration number</i> | : | _____ | | | |
| * Nombor kelompok / <i>Batch number</i> | : | _____ | | | |
| Tarikh pengilangan / <i>Manufacturing date</i> | : | _____ | Tarikh luput / <i>Expiry date</i> | : | _____ |
| * Jenis pembekalan / <i>Type of supply</i> | : | <input type="checkbox"/> Kontrak pusat / <i>Central contract</i> | <input type="checkbox"/> Pembelian tempatan / <i>Local purchase</i> | | |
| | | <input type="checkbox"/> APPL | <input type="checkbox"/> Lain-lain, sila nyatakan / <i>Others, please specify</i> | | |

II - BUTIRAN LAPORAN / REPORT DESCRIPTION

*** a) Sila beri penerangan ringkas berkaitan isu yang dilaporkan/**

Please provide brief description about the reported issue

b) Tahap insiden (kuantiti/ peratusan terlibat, contoh: kuantiti produk yang terlibat berbanding kuantiti yang diterima)/
Extend of the incident (quantity/ percentage of products involved, eg: number of products involved compared to quantity received)

c) Bagi laporan berkaitan EFIKASI, sila isikan bahagian ini/

For report regarding EFFICACY, please fill in this section

- i) Jumlah pesakit yang menghadapi masalah diadu /
Number of patient(s) having the problem : _____
- ii) Adakah masalah diadu selepas pertukaran jenama?/
Does the problem happen after brand switching? : Ya / Yes Tidak / No
- iii) Jika Ya, sila nyatakan jenama dan nombor pendaftaran produk yang digunakan sebelum ini /
If Yes, please state the brand of product previously used : _____
- d) Sampel produk disertakan/** *Sample of product attached* : Ya / Yes Tidak / No
- Kuantiti disertakan (sila nyatakan)
Quantity submitted (please specify) : _____

III - MAKLUMAT PELAPOR / DETAILS OF REPORTER

Saya mengesahkan perkara ini telah disiasat di peringkat fasiliti dan bersetuju bahawa tindakan ke atas perkara ini adalah mengikut prosedur dan bidang kuasa NPRA.

I confirm this issue has been investigated within our facility and agree that action taken on this matter is in accordance with NPRA procedure and jurisdiction.

* Nama/ *Name* : _____

* Tempat bertugas/ *Workplace* : _____

* Telefon/ *Telephone* : _____ Sambungan / *Extension* : _____

* E-mel/ *E-mail*

Tandatangan/ *Signature* Tarikh / *Date* : _____

* **Disahkan oleh/** *Approved by:*

Tandatangan & cop rasmi Ketua Pegawai Farmasi/ Pegawai Farmasi Y/M / :
Signature & official stamp Chief Pharmacist/ Pharmacist-in-charge

Tarikh/ *Date* :

UNTUK KEGUNAAN NPRA SAHAJA

Tarikh penerimaan borang :
 Surat notifikasi penerimaan telah dikeluarkan pada : dengan Rujukan Jilid
 Borang diisi dengan lengkap : Ya Tidak
 Sampel produk diadu disertakan : Ya Tidak

Klasifikasi Laporan

Kualiti Efikasi Label Pembungkusan

Penilaian Laporan

Occurence : Risk Class (O x S) :
 Severity : Complaint Complexity (O x S x D) : Easy
 Detectability : Medium
 Complex
 Due date: _____

Ulasan TP/ KS:

Ulasan TP:

| PROBABILITY | | IMPACT | | |
|-------------|---|--|---|---|
| | | 1 LOW | 2 MODERATE | 3 HIGH |
| | | Minor GMP non-compliance, no possible impact on patient/ consumer, yield or on production capability | Significant GMP non-compliance, possible impact on patient/ consumer, major impact on yield or on production capability | Critical GMP non-compliance, probable serious harm/ death, high impact on yield or on production capability |
| 5 | FREQUENT Happens with almost every batch manufactured | 5 MAJOR | 10 CRITICAL | 15 CRITICAL |
| 4 | PROBABLE Reported at least 1 batch in a year | 4 MINOR | 8 MAJOR | 12 CRITICAL |
| 3 | OCCASIONAL Reported at least 1 batch in 5 years | 3 MINOR | 6 MAJOR | 9 MAJOR |
| 2 | REMOTE Reported once in 10 years | 2 MINOR | 4 MINOR | 6 MAJOR |
| 1 | IMPROBABLE Never been reported | 1 MINOR | 2 MINOR | 3 MINOR |