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## VICH GL42 Pharmacovigilance of veterinary medicinal products: data elements for submission of adverse event reports (AERs) (revision 1)

Adopted by VICH Steering Committee	March 2023
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International Cooperation on Harmonisation of Technical Requirements  
for Registration of Veterinary Medicinal Products

**VICH GL42 (R1) (PHARMACOVIGILANCE: Data Elements)**

**March 2023**

**Revision 1 at Step 9**

**For Implementation at Step 7**

# **PHARMACOVIGILANCE OF VETERINARY MEDICINAL PRODUCTS: DATA ELEMENTS FOR SUBMISSION OF ADVERSE EVENT REPORTS (AERs) (REVISION 1)**

Revision at Step 9

Adopted at Step 7 of the VICH Process by the VICH Steering Committee

in March 2023

for implementation by March 2024

This Guideline has been developed and revised by the appropriate VICH Expert Working Group in accordance with the VICH Process. At Step 7 of the Process the final draft is recommended for adoption to the regulatory bodies of the European Union, Japan, and USA.

## **I. Introduction**

Pharmacovigilance of veterinary medicinal products (VMPs) is important to guarantee the continued safety and efficacy of VMPs in use. The objective of this guidance document is to standardise the data for submission of adverse events relating to VMPs. A consistent set of data will contribute to a harmonised approach for the detection and investigation of adverse effects of marketed VMPs and thus help to increase public and animal health.

## **II. Scope**

The scope of this guidance document is to describe the specific data elements to be used for the submission and exchange of spontaneous adverse event reports (AER) between marketing authorisation holders (MAH) and regulatory authorities (RA). For the purpose of this guidance document, refer to the definitions given in VICH GL24 (Management of Adverse Event Reports). For the purpose of electronic reporting, this document should be read together with GL30 (Controlled Lists of Terms), GL35 (Electronic Standards for Transfer of Data), and other relevant VICH guidelines.

This guidance document applies also to the minimum information for the collection of the AER information. The mandatory data elements described in this guidance document are required to submit the AER. The optional data elements described in this guidance document are required to be submitted if the data elements have been reported to the MAH. The MAH will strive to collect the information necessary to complete all the data elements in this guidance document. The submission of unstructured data, such as clinical records or images, not described in this guidance document will not be required unless specifically requested by the RA.

For the data fields that use controlled lists of terms (GL30), user systems can, to facilitate reporting or inputting, use a subset of terms listed in GL30 that are considered relevant to the region and to the products involved. However, when receiving reports electronically, that are compliant with the relevant VICH guidelines, all systems must be capable of importing and storing the full report including all standard terms and codes, without loss of information.

## **III. Format and Description of Data Elements**

The data elements are sufficiently comprehensive to cover complex reports from most sources, different sets and transmission situations or requirements. Structured data are strongly recommended to facilitate consistent data input, submission, and analysis. Controlled vocabularies and lists of terms have been developed for this purpose (see GL 30). In certain instances, there are provisions for the submission of some unstructured free text items.

Data elements, as defined in this document, will be used for electronic transmission of AER information, as well as additional transmission information (e.g. sender and receiver identifiers). These issues are addressed in GL30 and GL35.

The specific data elements are described below. User guidance is presented *in italics* and notes for the submission format are included as SMALL CAPITALS. To fill an AER related to human exposure to VMP(s), refer to Appendix 1 entitled *User Guideline for Submission of Human AERs*.

### ***A. Administrative and Identification Information***

#### **A.1 Regulatory Authority (RA)**

RA name  
Street address  
City  
State/county  
Mail/zip code  
Country (3 character country codes ISO 3166)

*User guidance: Mandatory. RA where the AER was initially submitted.*

## **A.2 Marketing Authorisation Holder (MAH)**

### **A.2.1 MAH Information**

Business name  
Street address  
City  
State/county  
Mail/zip code  
Country (3 character country codes ISO 3166)

*User guidance: Mandatory only for the MAH submitting this AER.*

### **A.2.2 Person Acting on Behalf of MAH**

Title  
First name  
Last name  
Telephone  
Fax  
e-mail

*User guidance: Optional. The person acting on behalf of the MAH is the contact person for this AER and its contents.*

NOTE CONCERNING SUBMISSION: TEXT

## **A.3 Person(s) Involved in the AER**

### **A.3.1 Primary Reporter**

Last name  
First name  
Telephone  
Fax  
e-mail  
Business name  
Street address  
City  
State/county  
Mail/zip code  
Country (3 character country codes ISO 3166)

*User guidance: Last name and country code are mandatory. Other fields are optional. If the reporter requests not to be identified, then enter “WITHHELD” in the “Last name” field. If “WITHHELD” submit reporter’s geographic information as privacy legislation allows. The Primary Reporter is determined by the MAH as the person/organization which holds/provides the most pertinent information related to the AER case.*

NOTE CONCERNING SUBMISSION: TEXT

#### **A.3.1.1 Primary Reporter Category**

*User guidance: Mandatory. An Agent acting for the owner will be entered as the animal owner (A.3.1.1).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *REPORTER CATEGORIES*.

#### **A.3.2 Other Reporter**

Last name  
First name  
Telephone  
Fax  
e-mail  
Business name  
Street address  
City  
State/county  
Mail/zip code  
Country (3 character country codes ISO 3166)

*User guidance: Optional. If reporter requests not to be identified, then enter “WITHHELD” in the “Last name” field. If “WITHHELD” submit reporter’s geographic information as privacy legislation allows. The individual/organization providing information for the AER.*

NOTE CONCERNING SUBMISSION: TEXT

#### **A.3.2.1 Other Reporter Category**

*User guidance: Mandatory if Other Reporter given in A.3.2. An Agent acting for the owner will be entered as the animal owner (A.3.2.1).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *REPORTER CATEGORIES*.

#### **A.4 AER Information**

##### **A.4.1 Unique Adverse Event Report Identification Number**

*User guidance: Mandatory. Globally unique identifier for the adverse event report, designated by the MAH or RA, to be referred to in future follow-ups. Three character country code-8 character MAH or 8 character RA identifier code-unique number (e.g. USA-MERIALLT-xxxxx, USA-USFDACVM-xxxxx). The country code-MAH or RA is for the country where the AE occurred. Use the 3 character country codes from ISO 3166.*

NOTE CONCERNING SUBMISSION: TEXT. IF AN RA IDENTIFIER CODE IS INCLUDED, CHOOSE FROM THE CONTROLLED LIST OF *RA IDENTIFIER CODES*.

#### **A.4.2 Original Receive Date**

*User guidance: Mandatory. This is the date of first communication of an AER from the primary reporter to the MAH or RA. This date is fixed and cannot be changed in future submissions.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **A.4.3 Date of Current Submission**

*User guidance: Mandatory. Date current AER submitted to RA.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **A.4.4 Type of Report**

##### **A.4.4.1 Type of Submission**

*User guidance: Mandatory.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *TYPE OF SUBMISSION* CATEGORIES.

##### **A.4.4.2 Reason for Nullification Report**

*User guidance: Mandatory if nullification is checked in A.4.4.1.*

NOTE CONCERNING SUBMISSION: TEXT

##### **A.4.4.3 Type of Information in Report**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *TYPE OF INFORMATION IN REPORT* CATEGORIES.

## ***B. Description of the AE***

### **B.1 Animal Data**

*User guidance: Except for B.1.1, data relates to the affected animals only.*

#### **B.1.1 Number of Animals Treated**

*User guidance: Optional. (Estimated) number of animals treated.*

NOTE CONCERNING SUBMISSION: INTEGER

## **B.1.2 Number of Animals Affected**

*User guidance: Mandatory. (Estimated) number of animals affected in the AER which will also include indirectly exposed animals, e.g. treated during pregnancy or lactation, co-mingled, infectious spread, et cetera.*

NOTE CONCERNING SUBMISSION: INTEGER

### **B.1.2.1 Attending Veterinarian's Assessment of the Animal(s) Health Status Prior to VMP Use**

*User guidance: Optional. This is the attending Veterinarian's assessment of the health status of the animal(s) involved in the AE prior to their exposure to the VMP. The MAH should choose from the list the Attending Veterinarian's assessment of animal health status prior to treatment with the VMP(s). The definitions of these values will be left to the veterinarian's medical opinion. The MAH should select "Unknown" if the attending veterinarian does not provide the information.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *ATTENDING VETERINARIAN'S HEALTH STATUS ASSESSMENT* CATEGORIES.

## **B.1.3 Species**

*User guidance: Mandatory. In case of human AE, species is "human".*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *SPECIES* (includes human).

## **B.1.4 Breed**

*User guidance: Optional. B.1.4.1.1 and B.1.4.2.1 are repeatable fields.*

*For reports involving a single purebred animal, place the breed in B.1.4.1.1. For reports involving a single crossbred animal and the breeds in the cross are known, up to 3 breeds can be listed in B.1.4.2.1. If the breed makeup of this single crossbred animal is unknown then use the term "Crossbred/[Species]" in B.1.4.2.1.*

*For groups of purebred animals, list the breeds of the affected animals in B.1.4.1.1. For groups of both purebred and crossbred affected animals B.1.4.1.1 and B.1.4.2.1 should be populated respectively. When affected animals include various crossbreds and their breed makeup is known, use B.1.4.2.1 as a repeatable field to capture each breed. When affected animals include various crossbreds and the breed makeup of some of the crossbreds is unknown, then also include the term "Crossbred/[Species]" in B.1.4.2.1. The breeds of treated but not affected animals may be entered in the narrative, if relevant.*

### **B.1.4.1 PUREBRED**

*User guidance: This field is for purebred animal(s).*

#### **B.1.4.1.1 BREED**

*User guidance: This is the breed of the animal(s).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *BREEDS*.

#### **B.1.4.2 CROSSBRED**

*User guidance: This field is for crossbred animal(s).*

##### **B.1.4.2.1 BREED**

*User guidance: If the actual breed makeup is unknown then choose the appropriate “Crossbred/[Species]”.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *BREEDS*.

#### **B.1.5 Gender**

*User guidance: Optional. “Mixed” is used for groups of male and female animals. “Unknown” only should be used for animal events where the gender is not known.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *GENDER* CATEGORIES.

#### **B.1.6 Reproductive Status**

*User guidance: Optional*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *REPRODUCTIVE STATUS* CATEGORIES.

#### **B.1.7 Female Physiological Status**

*User guidance: Optional: For cases where there are only male animal(s) and(or) neutered female animal(s), the appropriate term from the list would be “Not Applicable”. If there is a mixed group of male and female animals then select the physiological status appropriate for the female animals. Select “MIXED” if the group has multiple different physiological statuses. If the physiological status of the animal(s) is not known then the appropriate term from the list would be “Unknown”.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *FEMALE PHYSIOLOGICAL STATUS* CATEGORIES.

#### **B.1.8 Weight**

##### **B.1.8.1 Measured, Estimated, Unknown Weights**

*User guidance: Mandatory if minimum or maximum weight is specified. “UNKNOWN” means that the information was not available from the reporter. If “UNKNOWN” is selected then B.1.8.2 and B.1.8.3 will not be completed.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *PRECISION CATEGORIES*



### **B.1.8.2 Minimum Weight**

*User guidance: Optional. For groups of animals, estimated minimum weight of an individual in kilos of the animals affected. For a single animal the weight goes in the minimum weight field.*

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

### **B.1.8.3 Maximum Weight**

*User guidance: Optional. For groups of animals, estimated maximum weight of an individual.*

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

## **B.1.9 Age**

### **B.1.9.1 Measured, Estimated, Unknown Age**

*User guidance: Mandatory if minimum or maximum age is specified. “UNKNOWN” means that the information was not available from the reporter. If “UNKNOWN” is selected then B.1.9.2 and B.1.9.2.1; and B.1.9.3 and B.1.9.3.1 will not be completed.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *PRECISION CATEGORIES*

### **B.1.9.2 Minimum Age**

*User guidance: Optional. (Estimated) Age of the animal(s) affected. For a single animal the age goes in the minimum age field.*

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **Minimum Age Units**

*User guidance: Mandatory if minimum age is specified.*

NOTE CONCERNING SUBMISSION: CHOOSE THE TIME UNITS FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT*.

### **B.1.9.3 Maximum Age**

*User guidance: Optional. For groups of animals, estimated maximum age of an individual.*

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **B.1.9.3.1 Maximum Age Units**

*User guidance: Mandatory if maximum age is specified.*

NOTE CONCERNING SUBMISSION: CHOOSE THE TIME UNITS FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT*.

## **B.2 VMP(s) Data and Usage**

*User guidance: The set of fields in B.2.1 – B.2.5.1 should be repeated for each VMP involved in the AE with as much information as is available.*

### **B.2.1 Registered or Brand Name**

*User guidance: Mandatory for MAH's product(s). For all other non-MAH products, provide brand name(s) in B.2.1, or active ingredient(s) in B.2.2. Registered or Brand name of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT FIELD(S)

#### **B.2.1.1 Product Code**

*User guidance: Optional*

NOTE CONCERNING SUBMISSION: TEXT FIELD. CHOOSE FROM THE LIST TO BE DEVELOPED. THE AVAILABILITY OF SUCH CODES SOLELY DEPENDS ON THE DEVELOPMENT OF A GLOBAL VETERINARY PRODUCT DICTIONARY BY THE REGULATORY AUTHORITIES.

#### **B.2.1.2 Registration Identifier**

*User guidance: Mandatory for MAH's product(s) unless cannot be determined due to insufficient information from reporter, then "Cannot Be Determined" is entered. Optional for other MAHs' VMP(s). The Registration Identifier consists of the (3 character country code)-(8 character RA Identifier Code)-(registration number of the VMP involved in the AE). The country code is for the country where the product is approved. Use the 3 character country codes from ISO 3166. {For EU centrally authorized products use GBR for the character country code and EUEMA000 for the 8 character RA Identifier Code.}*

*Note: Use the 8 character RA identifier codes. For example, FDA CVM approved products, the registration identifier could be the [3 character country code]-[8 character RA Identifier Code]-[FDA CVM NADA/ANADA Number] (e.g. USA-USFDACVM-xxxxxx for FDA CVM). An example of a registration identifier for an USDA approved biologic product could be USA-APHISCVB-xxxxxx. For other than USA USDA or FDA CVM products, use the country code where the product is approved and the registration number associated with that country's approval. For Japan approved products, the registration identifier would be JPN- JPNJMAFF -xxxxxxxxxxxxxx.*

NOTE CONCERNING SUBMISSION: TEXT

#### **B.2.1.3 Anatomical Therapeutic Chemical Vet (ATCvet) Code**

*User guidance: Mandatory for MAH product(s). To be used for RA searching purposes. For purposes of AER submission this is not to be used to define "same" or "similar" VMPs. If cannot be determined, then "Unknown" may be entered. More information is available about the ATCvet Code at the following website: <http://www.whocc.no/atcvet>.*

NOTE CONCERNING SUBMISSION: TEXT FIELD; CHOOSE ATCVET CODE (FROM WHO LIST )

#### **B.2.1.4 Company or MAH**

*User guidance: Optional. MAH associated with the VMP identified in B.2.1 involved in the AE.*

NOTE CONCERNING SUBMISSION: TEXT

#### **B.2.1.5 MAH Assessment**

*User guidance: In those regions where required, assessment by the MAH of the association between the use of the VMP and the AE based on a hierarchical system. For the purposes of 3rd country reports of an AE, the assessment originally conducted by the MAH will be sufficient for subsequent RAs.*

NOTE CONCERNING SUBMISSION: TEXT

#### **B.2.1.6 RA Assessment**

*User guidance: Assessment of the association between the use of the VMP and the AE(s). Each VMP is evaluated and assigned to one of the categories as defined within regions.*

##### **B.2.1.6.1 RA Assessment Term**

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF RA ASSESSMENT CATEGORIES.

##### **B.2.1.6.1.1 Explanation Relating To Assessment**

NOTE CONCERNING SUBMISSION: TEXT

#### **B.2.1.7 Route of Exposure**

*User guidance: Optional. Route(s) of exposure/administration of the VMP involved in the AE. For a VMP given through multiple routes of exposure, this field B.2.1.7 and subfields are repeated. The MAH should choose from the list the routes of exposure (administration) for the VMP(s).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF ROUTE OF EXPOSURE.

##### **B.2.1.7.1 Dose Administration per Unit**

*User guidance: Optional. Dose administered, not by default the dosage as registered. Field B.2.1.7.1 and associated subfields are repeatable if different doses of the VMP are given over time.*

*Numerator: This is the quantity/volume of the actual dose given, e.g., number of tablets, number of boluses, amount of feed, quantity of solution, etc*

*Denominator: This describes the recipient of the dose by individual animal, weight, volume, etc.*

*Complex situations, such as premixes for multiple animals, should be described in the*

narrative.

**Examples:**

***The owners give 3 tablets to their dog.***

*Numeric value numerator 3*

*Unit for numeric value numerator tablets*

*Numeric value denominator 1*

*Unit for numeric value denominator animal*

***The veterinarian gives each animal in the herd 10 ml of the VMP per kg of body weight.***

*Numeric value numerator 10*

*Unit for numeric value numerator ml*

*Numeric value denominator 1*

*Unit for numeric value denominator kg*

***The flock of 10,000 birds in an enclosure is administered a vaccine by spray at the labeled dose***

*Numeric value numerator 1*

*Unit for numeric value numerator dose*

*Numeric value denominator 1*

*Unit for numeric value denominator animal*

***The pond of 100,000 fish is administered a one litre container of a 100 mg/L strength liquid tetracycline at a dose of 100 mg/1000 L .***

*Numeric value numerator 1*

*Unit for numeric value numerator container*

*Numeric value denominator 1000*

*Unit for numeric value denominator L*

*Or*

*Numeric value numerator 1*

*Unit for numeric value numerator L*

*Numeric value denominator 100,000*

*Unit for numeric value denominator animals*

***A cow is infused with 1 tube of VMP in her right front quarter.***

*Numeric value numerator 1*

*Unit for numeric value numerator tube*

*Numeric value denominator 1*

*Unit for numeric value denominator quarter*

***A goat is infused with 1 tube of VMP in her left mammary gland.***

*Numeric value numerator 1*

*Unit for numeric value numerator tube*

*Numeric value denominator 1*

*Unit for numeric value denominator teat*

### **B.2.1.7.1.1 Numeric Value for Dose (Numerator)**

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **B.2.1.7.1.1.1 Units of Value for Dose (Numerator)**

*User guidance: These are the units that qualify the numeric value for numerator dose.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT* (EXCLUDING ALL TIME UNITS) OR *UNITS OF PRESENTATION*.

### **B.2.1.7.1.2 Numeric Value for Dose (Denominator)**

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **B.2.1.7.1.2.1 Units of Value for Dose (Denominator)**

*User guidance: These are the units that qualify the numeric value for denominator dose.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT* (EXCLUDING ALL TIME UNITS), *UNITS OF PRESENTATION*, OR *DOSE DENOMINATOR QUALIFIERS*.

### **B.2.1.7.1.3 Interval of Administration**

*User guidance: Optional. This is the interval of administration or frequency of administration of the VMP involved in the AE. If there are multiple intervals of administration or frequency of administrations the same given dose per administration then B.2.1.7.1.3.1 - B.2.1.7.1.3.3 and B.2.1.7.1.3.1.1 are repeatable.*

#### **B.2.1.7.1.3.1 Numeric Value for Interval of Administration**

NOTE CONCERNING SUBMISSION: INTEGER

##### **B.2.1.7.1.3.1.1 Units of Value for the Interval of Administration**

*User guidance: Mandatory if interval of administration specified.*

NOTE CONCERNING SUBMISSION: CHOOSE THE TIME UNITS FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT*.

##### **B.2.1.7.1.3.2 Date of First Exposure**

*User guidance: Optional. (Approximate) date of first exposure/treatment with VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

##### **B.2.1.7.1.3.3 Date of Last Exposure**

*User guidance: Optional. (Approximate) date of last exposure/treatment with VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

## **B.2.2 Active Ingredient(s)**

*User guidance: For all biologic products involved in the case, as long as the registration identifier is provided in B.2.1.2, the active ingredients field (B.2.2.1) and strength fields (B.2.2.1.1 and B.2.2.1.1.1) are not required.*

*In cases where the user has altered the physical characteristics of the VMP prior to administration (example-mixed VMPs together or diluted a VMP) the fields B.2.2.1 are to be filled in with the characteristics of the VMP as sold. In addition, fields for dose per administration B.2.1.7.1 should be ignored and a description of the dose administered should be accurately described in narrative B.3.1.*

### **B.2.2.1 Active Ingredient(s)**

*User guidance: Mandatory for MAH product(s). For all other non-MAH products, provide brand name(s) in B.2.1, or active ingredient(s) in B.2.2.1. For VMP(s) with multiple active ingredient(s), fields B.2.2.1 and subfields are repeated.*

*User guidance: Mandatory for MAH's product(s) unless cannot be determined due to insufficient information from reporter, then "Cannot be determined" is entered. Strength is optional for all other non-MAH products. Strength with its associated strength unit should be reported for both the numerator and the denominator for each Active Ingredient in the VMP. For a VMP with multiple active ingredients these fields are repeated. Strength of the active pharmaceutical ingredient of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: REPEATABLE TEXT FIELD(S)

#### **B.2.2.1.1 Numeric Value for Strength (Numerator)**

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

##### **B.2.2.1.1.1 Units for Numeric Value for Strength (Numerator)**

*User guidance: Mandatory if strength is specified.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LISTS OF UNITS OF MEASUREMENT (EXCLUDING ALL TIME UNITS).

#### **B.2.2.1.2 Numeric Value for Strength (Denominator)**

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: follow data type description in VICH GL35.

##### **B.2.2.1.2.1 Units for Numeric Value for Strength (Denominator)**

*User guidance: Mandatory if strength is specified.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LISTS OF *UNITS OF MEASUREMENT* (EXCLUDING ALL TIME UNITS); OR *UNITS OF PRESENTATION*

#### **B.2.2.1.3 Active Ingredient Code**

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE LIST TO BE DEVELOPED. THE AVAILABILITY OF SUCH CODES SOLELY DEPENDS ON THE DEVELOPMENT OF A GLOBAL VETERINARY PRODUCT DICTIONARY BY THE RAS

#### **B.2.2.2 Dosage Form**

*User guidance: Optional. This is the dosage form of the VMP involved in the AE. The MAH should choose from the list the labeled dosage form of the VMP(s).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *DOSAGE FORMS*.

#### **B.2.3 Lot Number**

*User guidance: Optional. Lot number of the VMP involved in the AE.*

NOTE CONCERNING SUBMISSION: REPEATABLE TEXT

##### **B.2.3.1 Expiration Date**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

#### **B.2.4 Who Administered the VMP**

*User guidance: Optional. Category of the person who administered the VMP involved in the AE. An Agent acting for the owner will be entered as the owner.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *ADMINISTRATORS OF THE VMP*.

#### **B.2.5 Use According to Label**

*User guidance: Optional. Information on whether the VMP was used according to its label recommendations.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, UNKNOWN, BOOLEAN/UNKNOWN IS A NULL FLAVOR)

##### **B.2.5.1 Explanation for Off-Label Use**

*User guidance: Optional. User answers a series of nine Off-Label Use questions (B.2.5.1.1 through B.2.5.1.9) if 'no' was selected in B.2.5.*

NOTE CONCERNING SUBMISSION: Answer options include Yes (Boolean) or NI (No Information is a Null Flavor)

#### **B.3 Adverse Event Data**

### **B.3.1 Narrative of AE**

*User Guidance: Mandatory.*

*The narrative should describe the sequence of events, where information is available, including:*

- *administration of VMP(s)*
- *clinical signs*
- *sites of responses*
- *severity*
- *pertinent laboratory test results*
- *necropsy results (accurate description of gross pathology and accurate description of histopathologic findings including a pathologists assessment)*
- *possible contributing factors*
- *treatment of AE*
- *relevant medical history*
- *reason for use of VMP*
- *comment on assessment (veterinarian's or MAH's)*
- *chronological sequence of events*

NOTE CONCERNING SUBMISSION: TEXT

### **B.3.2 Adverse Clinical Manifestations**

*User guidance: Mandatory. Adverse clinical manifestations observed in the AE.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *VeDDRA TERMS*. The MAH should use the VeDDRA medical terminology to describe the adverse clinical manifestations. The lowest level term from VeDDRA should be transmitted.

NOTE CONCERNING SUBMISSION: REPEATABLE

#### **B.3.2.1 Number of Animals**

*User guidance: Optional. Number of animals associated with VeDDRA term selected in B.3.2. As the number of animals affected within an AER increases, the willingness and ability of the reporter to know the exact number of animals displaying each clinical sign is expected to decrease. When animals are kept as a herd, one may only observe a small number of animals and then make estimates about the rate and seriousness of events within the remainder of the herd. Regardless, collecting the number of animals affected per clinical sign can have value to pharmacovigilance. Therefore, the MAH will make a reasonable attempt to collect the number of animals affected per clinical sign. When only percentages have been made available, the MAH will convert this percentage into an integer and insert this value into B.3.2.1. The way in which the MAH arrives at the integer should be provided in the narrative. If the reporting party cannot or will not provide an integer value or a percentage estimate then the MAH should provide an explanation in the narrative.*

NOTE CONCERNING SUBMISSION: INTEGER

##### **B.3.2.1.1 Accuracy of the Number of Animals**

*User guidance: Optional. If a value is entered in the Number of Animals field, please indicate whether the integer provided under B.3.2.1 is an actual or*



*estimated number.*

NOTE CONCERNING SUBMISSION: Choose from the controlled List of *Accuracy of No. of Animals* categories.

### **B.3.3 Date of Onset of AE**

*User guidance: Mandatory. (Approximate) date on onset of the AE.*

NOTE CONCERNING SUBMISSION: DATE FORMAT: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

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### **B.3.4 Length of Time Between Exposure to VMP(s) and Onset of AE**

*User guidance: Optional. Length of time refers to the difference between the exposure in B.2.1.7.1.3.2 and onset of AE in B.3.3. This field will be used for cases where there is a clear time relationship between the VMP and onset of AE(s). Generally, this field would be for single VMP cases or when multiple VMPs are given at the same time. When a clear time picture is difficult to ascertain or not coded easily, particularly in cases where multiple VMPs are involved; or, in single/multiple VMP cases where more explanation is necessary, the time relationship should be described in the narrative to the best detail possible.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *EXPOSURE AND ONSET TIME*.

### **B.3.5 Duration of AE**

*User guidance: Approximate length of time the AE lasted.*

#### **B.3.5.1 Duration**

*User guidance: Optional.*

NOTE CONCERNING SUBMISSION: NUMERIC FIELD: FOLLOW DATA TYPE DESCRIPTION IN VICH GL35.

##### **B.3.5.1.1 Duration Time Unit**

*User guidance: Mandatory if duration is specified.*

NOTE CONCERNING SUBMISSION: CHOOSE THE TIME UNITS FROM THE CONTROLLED LIST OF *UNITS OF MEASUREMENT*.

### **B.3.6 Serious AE**

*User guidance: Mandatory. To be completed (Yes/No) by MAH.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO (BOOLEAN)

### **B.3.7 Treatment of AE**

*User guidance: Optional. If the AE was treated, description of the treatment should be included in the Narrative of AE (B.3.1).*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, UNKNOWN. (BOOLEAN/UNKNOWN IS A NULL FLAVOR)

### **B.3.8 Outcome to Date**

- B.3.8.1** Ongoing
- B.3.8.2** Recovered/Normal
- B.3.8.3** Recovered with Sequela
- B.3.8.4** Died
- B.3.8.5** Euthanized
- B.3.8.6** Unknown

*User guidance: Optional. The number of animal(s) in each category should be given. The total number from B.3.8.1 to B.3.8.6 should be equal to the Number of Animals Affected in B.1.2.*

NOTE CONCERNING SUBMISSION: INTEGER.

### **B.3.9 Previous Exposure to the VMP**

*User guidance: Optional. This field applies only to exposures outside the dates mentioned in Date of First Exposure (B.2.1.7.1.3.2) and Date of Last Exposure (B.2.1.7.1.3.3). If there was a previous exposure to the VMP, choose “YES” and provide the dates of previous exposure in the Narrative of AE (B.3.1). Choose “NO” if there was no previous exposure. Choose “UNKNOWN” if the information was not available from the reporter.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, UNKNOWN. (BOOLEAN/UNKNOWN IS A NULL FLAVOR)

### **B.3.10 Previous AE to the VMP**

*User guidance: Optional. This field refers only to clinical manifestations that occurred during the previous exposure mentioned in B.3.9. Choose “YES” if there was previous AE(s) from an exposure to the VMP and “NO” if there was not a previous AE(s) to the VMP. If “YES” is chosen, describe the clinical signs of in the Narrative of AE (B.3.1).. Choose “UNKNOWN” if the information is not available from the reporter.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, UNKNOWN. (BOOLEAN/UNKNOWN IS A NULL FLAVOR)

## **B.4 Dechallenge-Rechallenge Information**

*User guidance: The information in this section relates to affected animal(s). This set of fields will be used for cases where dechallenge or rechallenges occur in single VMP events. Dechallenge-Rechallenge information for multiple VMP events should be described in the narrative to the best detail possible.*

### **B.4.1 Did AE Abate After Stopping the VMP**

*User guidance: Optional. Choose from the list whether or not the AE stopped or diminished after dechallenge. Dechallenge is the removal, withdrawal, or discontinuance of a VMP from the animal’s therapeutic regimen. Dechallenge also includes a substantial dosage reduction. Choose “UNKNOWN” if the information is not available from the reporter.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, NOT APPLICABLE,

UNKNOWN (BOOLEAN/NOT APPLICABLE AND UNKNOWN ARE NULL FLAVORS)

#### **B.4.2 Did AE Reappear After Re-introduction of the VMP**

*User guidance: Optional. . Choose from the list whether or not the AE reappeared after the rechallenge. Rechallenge is the reintroduction of a VMP after the occurrence of a positive dechallenge. It also includes a substantial increase in dosage following a previous reduction which produced improvement in the clinical manifestation. Choose “UNKNOWN” if the information is not available from the reporter.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THIS LIST: YES, NO, NOT APPLICABLE, UNKNOWN (BOOLEAN/NOT APPLICABLE AND UNKNOWN ARE NULL FLAVORS)

#### **B.5 Assessment of AE**

##### **B.5.1 Attending Veterinarian’s Assessment**

*User guidance: Optional. Assessment by the attending veterinarian on the association between the VMP(s) and the AE (other than human). The MAH should choose from the list the Attending Veterinarian’s assessment on the association between the VMP(s) and the AE. The definitions of these values will be left to the veterinarian’s medical opinion.*

NOTE CONCERNING SUBMISSION: CHOOSE FROM THE CONTROLLED LIST OF *ATTENDING VETERINARIAN’S CAUSALITY ASSESSMENT* CATEGORIES.

#### **B.6 Report Number(s) of Linked Report(s)**

*This field is for RA use only. This section should be used to identify reports that warrant being evaluated together.*

NOTE CONCERNING SUBMISSION: TEXT

#### **B.7 Supplemental Documents**

*User guidance: Utilized by MAH upon request from RA for additional information on a specific AER, or voluntarily by the MAH. This field is a file attachment to be used for pathology, radiology, clinical chemistry reports, et cetera. The MAH should provide a description of the contents in the files and a listing of the files. This section is repeatable for each supplemental document. The description of the contents of the file should be given in the B.3.1 Narrative of AE.*

NOTE CONCERNING SUBMISSION: OBJECT FIELD

##### **B.7.1 Attached Document Filename (Text Field)**

This field will specify the filename of the document.

NOTE CONCERNING SUBMISSION: TEXT

##### **B.7.1.1 Attached Document Type (List)**

The MAH will choose from the list of supplemental document types, e.g. necropsy,

pathology, clinical chemistry reports, that describe the contents of the file.

NOTE CONCERNING SUBMISSION: REPEATABLE. CHOOSE FROM THE CONTROLLED LIST OF *DOCUMENT TYPES*.

### **Appendix 1 User Guideline for Submission of Human AERs**

To fill an AER related to human exposure to VMP(s), the following user guidance should be considered:

A.3.1	Primary Reporter	Enter the information on the ‘attending physician’
A.3.2	Other Reporter	Enter the information on the person exposed to the VMP(s)
B.1	Animal Data	Relates to the person exposed to the VMP(s)
B.1.3	Species	Select ‘human’
B.1.4	Breed	Not applicable for humans
B.2.1.7	Route of Exposure	Indicate the route of exposure
B.2.1.7.1	Dose per Administration	Indicate the dose to which the person was exposed
B.2.1.7.1.3.3	Date of Last Exposure	For most reports there will be no date entered
B.2.5.1	Explanation for Off-Label Use	Not applicable
B.5.1	Attending Veterinarian’s Assessment	Assessment of attending Physician