## **Individual Case Safety Report Form**

| EVPIVITCSK(S)                      | individual Case Safety Report Form |                  |             |   | Eudravigliance   |                          |
|------------------------------------|------------------------------------|------------------|-------------|---|------------------|--------------------------|
| General Information                |                                    |                  |             |   |                  |                          |
| EudraVigilance Local Report Number | EU-EC-10011385663                  |                  |             |   |                  |                          |
| Sender Type                        | Regulatory authority               |                  |             |   |                  |                          |
| Sender's Organisation              | EEA Regulator                      |                  |             |   |                  |                          |
| Type of Report                     | Spontaneous                        |                  |             |   |                  |                          |
| Primary source country             | European Economic Area             |                  |             |   |                  |                          |
| Reporter's qualification           | Healthcare Professional            |                  |             |   |                  |                          |
| Case serious?                      | Yes                                |                  |             |   |                  |                          |
| Patient                            |                                    |                  |             |   |                  |                          |
| Age Group                          |                                    | Age Group (as pe | reporter)   |   |                  | Sex                      |
| 3-11 Years                         |                                    | Child            |             |   |                  | Male                     |
| Reaction / Event                   |                                    |                  |             |   |                  |                          |
| MedDRA LLT                         | Duration                           |                  | Outcome     |   |                  | Seriousness <sup>1</sup> |
| Diarrhea                           | 1.0 Days                           |                  | Fatal       |   |                  | death.                   |
| Acute respiratory insufficiency    | 5.0 Days                           |                  | Fatal       |   |                  | death.                   |
| Irritability                       | 2.0 Days                           |                  | Fatal       |   |                  | death.                   |
| Drug Information                   |                                    |                  |             |   |                  |                          |
| Role <sup>2</sup> Drug             |                                    | Duration         | Dose        | U | nits in Interval | Action taken             |
| S COMIRNATY - TOZINAMERAN          |                                    | 1.0 Days         |             |   |                  | Not applicable           |
| Drug Information (cont.)           |                                    |                  |             |   |                  |                          |
| Info <sup>3</sup> Drug             | Indication                         |                  | Pharm. Form |   | arm. Form        | Route of Admin.          |
| COMIRNATY - TOZINAMERAN            | COVID-19 vaccina                   |                  | ation       |   |                  |                          |

Seriousness: death=results in death; life threat.=life threatening; hospital.=requires hospitalization/prolongation of hospitalization; disability=results in disability/incapacity; congen.=congenital anomaly/birth defect; other=other medically important information; (blank)=non-serious

<sup>2</sup> Drug role: S=suspect; C=concomitant; I=interacting; N=not administered

<sup>3</sup> Additional Information on Drug: 1=Counterfeit; 2= Overdose; 3=Drug taken by the father; 4=Drug taken beyond expiry date; 5=Batch and lot tested and found within specifications; 6=Batch and lot tested and found not within specifications; 7=Medication error; 8=Misuse; 9=Abuse; 10=Occupational exposure; 11=Off label use; (blank) = no additional information