Reference: 1-225732388 / 200810318US, 200918389US

CONSUMER FORM

PLEASE PROVIDE THE OUTCOME FOR THE ADVERSE EVENT REPORTED:

Resolved ❒ **Ongoing** ❒

PLEASE PROVIDE THE LOT NUMBER AND EXPIRATION DATE OF THE SANOFI-AVENTIS PHARMACEUTICAL PRODUCT(S) INVOLVED IN YOUR COMPLAINT.

PRODUCT NAME:______________ **LOT NUMBER:** ___________ **EXPIRATION DATE:** ____________

PRODUCT NAME:______________ **LOT NUMBER:** ___________ **EXPIRATION DATE:** ____________

Name of consumer:____

Address:____

Telephone number: (_____)____

If the name of the person completing this form is different from above, please provide name, address, telephone number, and relationship to person above:

Name:____

Address:____

Telephone Number: (_____)___________________________________

Relationship:____

Are you a Health Professional? No______ Yes_______ Title (MD, RN, RPh, etc)____________

Signature: ____ **Date:** ______/______/______

Please return this Form in the envelope provided,

***OR* fax it to: US Pharmacovigilance, sanofi-aventis, 908-203-7783.**

Thank you for your assistance