

Statement

For hospitals, the statement must be completed by the senior consultant in the department where the injury allegedly occurred. The injury report must then be sent via the hospital's management to NPE

Treatment centre		
Name of the treatment centre (for hospitals: name and department)		
Patient's last name (block letters)	Patient's first name (block letters)	National identity number – 11 digits
Underlying disease		
Describe the patient's underlying disease, degree of severity and the type of medical treatment that the patient received.		Diagnosis code:
Drug		
Navn på legemiddelet		ATC-kode:
The drug injury		
Diagnosis (Norwegian and Latin)		Diagnosis code:
Provide a description of the drug injury		
Provide an assessment of the likelihood that the injury is due to use of the drug		

A copy of the patient's medical record, including a description of surgical procedures, care report, discharge summaries, test results, charts, referral letters, relevant X-rays and other relevant documents must be enclosed

Has another report been written about the injury e.g. to the Norwegian Medicines Agency? If so, please attach. ☐ No ☐ Yes		Will the injury result in permanent disability? ☐ No ☐ Yes If so, degree of medical disability: Professional/occupational disability? ☐ No ☐ Yes	Can only be assessed later (provide month and year)
Other personnel who can provide information			
Signature			
Date	Name		
	Position		

Description of the drug injury (continued from previous page)