



Other:

**9) Relevant underlying conditions**

Yes     No     Unknown    *If yes, specify :*  
 Relevant treatment(s):  
 Additional concurrent use of other products (drugs, food supplements, ...):

**10) Relevant medical information / history**

Allergic diseases, specify:                      *If tests previously performed, specify the type and results:*  
 Cutaneous diseases, specify:  
 Other relevant underlying disease(s):  
 Skin specificities including phototype:  
 Others (*example: specific climatic conditions or specific exposure*):

**11) Case management**

**a) Treatment(s) of SUE**

Drug prescription: Name of product (INN)	Dose	Duration

**b) Other measure(s):**

Duration / complementary details:

**c) Seriousness of undesirable effect**

**c-1) Functional incapacity (if applicable)**

Description:

If temporary, specify the duration:                       Medical certificate available  
 Expert evaluation available  
 Corrective treatment of the functional incapacity:

**c-2) Disability (if applicable), specify the %:**

Description:

Expert evaluation available                       Medical certificate available

**c-3) Hospitalization (if applicable):**

Duration of hospitalization:                      Hospital name and address:

Corrective treatment received during the hospitalization:

Drug prescription: Name of product (INN)	Dose	Duration

Treatment /measure taken after hospitalization:

**c-4) Congenital anomalies (if applicable) :**

Detected during pregnancy                       Expert evaluation available  
 Detected after delivery

**c-5) Immediate vital risk (if applicable):**

Treatment and specific measures:

**c-6) Death (if applicable):**

Date: dd/mm/yyyy                      Diagnosis:                       Medical certificate available

**12) Complementary investigations**

Yes       No      *If yes , specify :*

**Allergic testing :**

Skin test(s) performed with the suspected cosmetic product(s) :

Product(s) tested	Method(s) used	Readings on	Results

Skin test(s) performed with the substances (*if available, attach the complete results to this form*)

Other results of allergic testing: .....

Other additional investigation(s) (*specify, including results*):

**13 ) Summary from Responsible Person or Distributor**

**a) Narrative**

**b) Follow-up**

**Specify Competent Authority case identification number (if available):**

**c) Causality assessment**

Very likely     Likely     Not clearly attributable     Unlikely     Excluded     Unassessable

**d) Management**

Has this SUE already been submitted to a Competent Authority?:     Yes     No     Unknown

If yes, to which Competent Authority was it reported? :

**e) Corrective actions**

Yes       No      *If yes , specify :*

**f) Comments**