

Sun Pharmaceutical Industries Inc.
2 Independence Way
Princeton, NJ 08540
Tel: (800) 406-7984
Fax: (609)720-8505



Reference Number:

Reporter Details

Name: Salim		
Occupation: lawyer		
Telephone Number: 081285756814		
Street Address: Kecamatan sawangan kelurahan cinangka		
City: depok	State: indonesia	Zip: 16516

Patient Details

Name or Initials: salim	
Date of Birth (DD-MMM-YYY):	16-12-1994
Age: 26 y.o	Sex: male

Product Details

Product Name: modalert ip 200 mg	
Reason for Use: very different about variant modalert ip and modalert usp, variant ip very bad, and more side effect. not fit for consumption, no react in my body	
Frequency:	Strength: 200 mg
Formulation: modafinil	Route:
NDC#	
Lot #	Expiration Date (DD-MMM-YYY): All variant modalert ip

Adverse Drug Experience (ADE) Information

Product Start Date (DD-MMM-YYY):	All variant modalert ip
Product Stop Date (DD-MMM-YYY):	30 days use modalert ip and more side effect but use modalert usp 1-11-2019 until 1-12-2020
Dates Reaction Started (DD-MMM-YYY):	1 day after use modalert ip, very different with modalert usp
Describe the Side-Effects:	side effects of modafinil ip 200 mg, brain fog, large acne and skin changes to blackish purple and modafinil usp 200 mg only insomnia (sometime)

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Dates Reaction Stopped (DD-MMM-YYY): I use modalert ip only 30 days		
If reaction did not stop, did it (choose one):		
<input type="checkbox"/> Improve	<input type="checkbox"/> Remain Unchanged	<input checked="" type="checkbox"/> Worsened <input checked="" type="checkbox"/> Unknown
Comments: maybe my face has a lot of pimples, then my skin has a lot of rashes, brain fog, it's very different from the USP modalert		
Did the patient consult a physician for this ADE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please provide physician's details:		
Name:		
Telephone Number:		
Street Address:		
City:	State:	Zip:
Did the patient have any tests or lab work done? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe what was done: Only tests in my body, not react modalert ip very different with modaler usp		
Was the patient hospitalized because of the ADE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, please provide the following details:		
Hospital Name:		
City:	State:	Zip:
Date Admitted (DD-MMM-YYY):		Date Discharged (DD-MMM-YYY):
Any other information regarding hospitalization:		

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Form completed by (print name): salim

Signature: Salim

Date (DD-MMM-YYY): 28-07-2021