

laboratory tests)	
Post injection reaction	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, 1. Please specify the type of reaction <input type="checkbox"/> Solicited local reactions <input type="checkbox"/> Solicited systemic reactions <input type="checkbox"/> Unsolicited adverse events (AEs) <input type="checkbox"/> Unsolicited serious AEs (SAEs) 2. Start and End Time of the reaction Start [_: _]- End [_: _] (HH: MM) 3. Please describe the reaction, responses, and outcome in details (_____)