

**BAHAGIAN REGULATORI FARMASI NEGARA (NPRA)  
KEMENTERIAN KESIHATAN MALAYSIA**

[www.npra.gov.my](http://www.npra.gov.my)  
03-7883 5400  
qpr@npra.gov.my

Sila pastikan borang diisi dengan lengkap. Hanya borang yang lengkap diisi sahaja akan diproses.

*Please ensure the form is fully completed. Only completed form will be processed.*

Bagi laporan kesan sampingan ubat, sila gunakan borang *CONSUMER SIDE EFFECT REPORTING FORM* (ConSERF).

*For adverse event reporting, please use CONSUMER SIDE EFFECT REPORTING FORM* (ConSERF).

[https://quest3plus.bpfk.gov.my/front-end/conserf\\_form.php](https://quest3plus.bpfk.gov.my/front-end/conserf_form.php)

Bagi aduan produk tidak berdaftar, sila kemukakan aduan ke Sistem Pengurusan Aduan Awam (SisPAA) KKM.

*For unregistered product, please submit your complaint to Sistem Pengurusan Aduan Awam (SisPAA) KKM.*

<https://moh.spab.gov.my/eApps/system/index.do>

**PELAPORAN DEFEK PRODUK BERDAFTAR****DEFECT REPORTING OF REGISTERED PRODUCT****UNTUK ORANG AWAM****FOR PUBLIC**

Sila hantar kepada/ **Please submit to :**

**UNIT PELAPORAN KUALITI PRODUK BERDAFTAR**

**SEKSYEN SURVEILANS DAN ADUAN**

**PUSAT KOMPLIANS DAN KAWALAN KUALITI**

**BAHAGIAN REGULATORI FARMASI NEGARA (NPRA)**

**KEMENTERIAN KESIHATAN MALAYSIA**

**LOT 36, JALAN PROFESOR DIRAJA UNGKU AZIZ**

**46200 PETALING JAYA**

**SELANGOR**

**I - MAKLUMAT PRODUK / PRODUCT PARTICULARS**

<b>Nama produk / Product name</b> :	<input type="text"/>	
<b>Nombor Pendaftaran (MAL) / Registration number (MAL)</b> :	<input type="text"/>	
<b>Nombor Kelompok / Batch number</b> :	<input type="text"/>	
<b>Tarikh pengilangan / Manufacturing date</b> :	<input type="text"/>	<b>Tarikh luput / Expiry date</b> : <input type="text"/>

**II - BUTIRAN LAPORAN / REPORT DESCRIPTION**

<b>Sila tanda pada deskripsi aduan yang berkaitan / Please tick on the relevant complaint description</b>	<i>Contamination</i>	<input type="checkbox"/>	<i>Product immediate label issue</i>	<input type="checkbox"/>
	<i>Product mix up</i>	<input type="checkbox"/>	<i>Product outer label issue</i>	<input type="checkbox"/>
	<i>Accompanying dose delivery device issue</i>	<input type="checkbox"/>	<i>Product leaflet issue / missing</i>	<input type="checkbox"/>
	<i>Manufacturing non-compliance</i>	<input type="checkbox"/>	<i>Product batch number missing, illegible or incorrect</i>	<input type="checkbox"/>
	<i>Product formulation issue</i>	<input type="checkbox"/>	<i>Product expiration date missing, illegible or incorrect</i>	<input type="checkbox"/>
	<i>Product storage issue</i>	<input type="checkbox"/>	<i>Product primary packaging issue</i>	<input type="checkbox"/>
	<i>Inappropriate release of product for distribution</i>	<input type="checkbox"/>	<i>Product secondary packaging issue</i>	<input type="checkbox"/>
	<i>Lack of efficacy</i>	<input type="checkbox"/>	<i>Product physical issue</i>	<input type="checkbox"/>
	<i>Product content incorrect/ insufficient/ empty</i>	<input type="checkbox"/>		
<b>Maklumat tambahan / Additional information</b>	<input type="text"/>			
<b>Sampel disertakan / Sample submission</b>	<input type="checkbox"/> <b>Ya / Yes</b> <input type="checkbox"/> <b>Tidak / No</b> <b>Kuantiti / Quantity</b> : _____			

**III - MAKLUMAT PELAPOR / DETAILS OF REPORTER**

<b>Nama Pelapor / Name of Reporter</b> :	_____	<b>No. Telefon / Contact no.</b> :	_____
<b>Alamat / Address</b> :	_____	<b>Alamat E-mel / E-mail address</b> :	_____
	_____	<b>Tarikh / Date</b> :	_____
	_____		