

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056
pharmacy@ks.gov Fax (785) 296-8420

**Incident Report Form
Form C-600****INCIDENT REPORT**

Date Incident Occurred	Date Pharmacy Notified of Incident	Date Incident Report Written
Facility Name		Facility Registration Number

PATIENT INFORMATION

Name of Patient		Patient Date of Birth
Name of Parent/Guardian (if a minor)		
Address		
City	State	
Zip Code	Phone Number	

INCIDENT INFORMATION

Prescription number	Date prescription filled
The prescription was: <input type="checkbox"/> a new prescription <input type="checkbox"/> a refill <input type="checkbox"/> a new prescription for a medication taken or used previously	
Medication prescribed	Medication received
Directions for use	
Quantity prescribed	Quantity dispensed
Quantity ingested/applied	Quantity returned
Incident type: <input type="checkbox"/> Wrong drug <input type="checkbox"/> Incorrect drug strength <input type="checkbox"/> Incorrect dosage form <input type="checkbox"/> Wrong patient <input type="checkbox"/> Inadequate or incorrect packaging, labeling, or directions <input type="checkbox"/> Dispensed drug resulted in (or has potential to result in) serious harm to patient <input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Was there harm to the patient? If yes, describe briefly:	
Prescriber name	Was the prescriber contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No



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PHARMACY EMPLOYEES INVOLVED (Attach additional lists as needed.)

Name of verifying/filling pharmacist	License/Registration Number	Signature
Name	License/Registration Number	Signature
Name	License/Registration Number	Signature
Name	License/Registration Number	Signature
Name	License/Registration Number	Signature
Name	License/Registration Number	Signature
Name	License/Registration Number	Signature

PHARMACIST'S DESCRIPTION OF INCIDENT

Describe the events in the order they happened as completely as possible. (Use extra sheets if necessary.)

PIC CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED