issues of the FDA Drug Bulletin will include progress reports on the Agency's drug reaction surveillance program.

[1]National Academy of Sciences: Report of the International Conference on Adverse Reactions Reporting Systems. Washington, D.C., 1971, page 1.

DRUG EXPERIENCE REPORT *(IN CONFIDENCE)*			Form Approved OMB No. XXXXXXX
PATIENT INITIALS *(Optional)*			DATE OF REACTION ONSET
SUSPECTED REACTION(S)			
SUSPECTED DRUG(S); TRADE/GENERIC NAME *(Manufacturer's name, if possible)*			
DISORDER OR REASON FOR USE OF DRUG(S) *(Optional)*	ROUTE	TOTAL DAILY DOSE	DATES OF ADMINISTRATION
OTHER DRUGS TAKEN CONCOMITANTLY			
COMMENTS *(Optional)*			
PHYSICIAN'S NAME, ADDRESS, AND ZIP CODE			

FD PROPOSED FORM