CANNABIS REGULATORY AGENCY

Adverse Reaction Reporting Form

The Cannabis Regulatory Agency will use this form to capture adverse reaction information from consumers. The information collected with this form may be used to help determine whether a complaint should be investigated as potentially linked to a marijuana product.

Reporting Business Information

Marihuana Business Reporting Reaction:

License Number:

Was the reaction reported in Metrc?

Product Information

Product Name:

Metrc Package Tag:

Metrc Source Package Tag:

Quantity Purchased:

List anything unusual about the item (taste, color, etc.)?

Do you have the original packaging or remaining product?

Adverse Reaction Information

Is this a report for yourself?☐Y☐N or on behalf of someone else?☐Y☐N

Date of reaction onset:_____

Please check all reactions which apply

❑ Headache	❑ Itching (location) _____	
❑ Vomiting	❑ Myalgia (muscle ache)	❑ Numbness (location)
❑ Nausea	❑ Dizziness	❑ Tingling (location)
❑ Abdominal Pain	❑ Double Vision	❑ Edema (location)

Other:_____

Was a doctor or other healthcare provider visited?☐Y☐N

Date Visited: _____ **Time**: _____ **AM / PM Admitted**:☐Y☐N **Length of Stay**: _____ **(hrs)**

Were clinical specimens taken?☐Y ☐N ❑ Blood ❑ Stool Diagnosis: _____

Was poison control notified?☐Y ☐N

Submit Form