

Appendix 2: Adverse effect reporting form

DAS/Bayer Complaint Reporting Form for Agchem and Traits

Once filled in, this form should be returned by e-mail or fax to:
XXXXXXXX@corteva.com and XXXXXXXX@bayer.com

| General Information: |
|--|
| Country, city: |
| Date: |
| Contact person filling the form, position, company: |
| Any other person involved in handling this complaint: |
| Incident Information |
| Date of the incident: |
| Name of the operator or all person(s) involved in the incident (victim): |
| Address (street, city, country), phone or email of the above-mentioned person(s): |
| Age of the above-mentioned person(s): |
| The incident reported is a suspected adverse effect: <input type="checkbox"/> on human health <input type="checkbox"/> on animal health <input type="checkbox"/> on the environment <input type="checkbox"/> related to efficacy <input type="checkbox"/> related to packaging <input type="checkbox"/> other. If so, specify: |
| Product Information |
| <ul style="list-style-type: none">• If the incident involves a Crop, specify: Crop and fraction (if available): Variety (if available): Genetic modification (GM) involved: Unique identifier: |

- If the incident involves a **chemical** product, specify:

Product name:

Code:

Lot number (if available):

Use: ___ Professional use; ___ garden use; ___ amenity use

Detailed Information

Previous experience of operator or person(s) involved in the incident with the GM or the chemical product:

___ none; ___ 1 year; ___ 2 - 3 years; ___ 4 - 6 years; ___ 7 - 10 years; ___ > 10 years

In which circumstances did the incidence occur?

___ use, ___ planting, ___ cultivating, ___ harvesting, ___ disposal, ___ transport, ___ mixing, ___ loading/unloading, ___ processing, ___ other

If other, specify:

Where did it occur?

___ garden, ___ field, ___ farm, ___ store, ___ public area, ___ port, ___ other

If other, specify:

Summary of the incidence and symptoms description:

Actions

Direct action was:

___ Recommendations by the first DAS/Bayer contact person. If so, specify:

___ Medical advice

___ safety data sheet provided

___ other. If so, specify:

Is there a clear link between the incident and DAS/Bayer's product?

Was there a doctor involved?

Report communicated via email to Dow AgroSciences Distribution S.A.S. and Bayer Agriculture BV on (DD/MM/YYYY):

To be filled in by Brussels

Is a follow up required?

Is this report recordable?

Did the 'victim' re-contact DAS/Bayer after action was taken?