[Company Name]
[Department Name/Pharmacovigilance]
[Address]
[City, State, Zip Code]

[Date]

To: [All Healthcare Professionals / Clinical Staff / Stakeholders]

Subject: Standard Operating Procedure for Reporting Adverse Reactions

Dear [Recipient Name],

The purpose of this letter is to outline the mandatory procedure for reporting any suspected adverse reactions (AR) or adverse events (AE) associated with the use of [Product Name/All Products].

To ensure patient safety and regulatory compliance, please follow these steps immediately upon becoming aware of an event:

1. Identification: Identify any untoward medical occurrence in a patient, regardless of whether a causal relationship with the product is suspected.

2. Information Collection: Gather the four minimum criteria required for a valid report:

- An identifiable patient (initials, age, or gender).
- An identifiable reporter (your name and contact details).
- A description of the adverse reaction.
- The name of the suspected product.

3. Reporting Timeline: All suspected reactions must be reported within [Number, e.g., 24 hours] of initial discovery.

4. Submission Channels: Reports should be submitted via one of the following methods:

- **Email:** [Email Address]
- **Online Portal:** [URL]
- **Phone:** [Phone Number]
- **Fax:** [Fax Number]

Attached to this letter is the [Adverse Event Reporting Form]. Please ensure all sections are completed to the best of your ability. Ongoing monitoring and follow-up information should be submitted as it becomes available.

Thank you for your cooperation in maintaining our commitment to patient safety.

Sincerely,

[Signature]
[Name]
[Title/Position]
[Contact Information]