CANNABIS COMPLIANCE BOARD
STATE OF NEVADA

ccb.nv.gov

CARSON CITY OFFICE
3850 Arrowhead Drive, Suite 100
Carson City, Nevada 89706
Main Line: (775) 687-6299

LAS VEGAS OFFICE
700 East Warm Springs Road, Suite 100
Las Vegas, Nevada 89119

JOE LOMBARDO
Governor

MICHAEL MILES
Executive Director

STEVE GILBERT
Deputy Director

MAJ. GEN. ONDRA BERRY (RET.)
Chair

Adverse Cannabis Reaction Reporting Form

The U.S. Food and Drug Administration (FDA), defines an "adverse event" as "any undesirable experience associated with the use of a medical product in a patient." Adverse events can range from mild to severe. Serious adverse events are those that can cause disability, are life-threatening, result in hospitalization or death, or birth defects (https://www.fda.gov/safety/reporting-serious-problems-fda/what-serious-adverse-event).

If you or someone else you know has severe symptoms, call the poison control hotline at 1-800-222-1222 for free, fast, expert help any time. If the symptoms are severe, call 911 or go to an emergency room.

If you suspect you've had an adverse reaction to a cannabis product, please fill out as much of this form as possible and submit to AuditInspections@ccb.nv.gov.

Including your personal information is optional, though if you include it, it may assist us in gathering additional information.

Know how much is too much

Cannabis affects every person differently. Varying serving sizes, strains, and forms can lead to different levels of impairment. If you are unsure how cannabis will affect you, start with a small amount. The amount of THC in each product will be displayed on the label. Always know how much you're consuming.

Edibles: Low and Slow

The effects of cannabis can take up to two hours to peak after eating or drinking it, and everyone reacts differently. For a safer experience, it's best to start with a small serving size -- no more than 5 milligrams of THC -- and wait at least two hours before consuming more.

Don't mix with other substances

Using alcohol and cannabis at the same time is likely to result in greater impairment than when using either one alone. Use both with caution and remember that it's not a good idea to combine them. You should also be aware of the effect cannabis can have on prescription drugs. Ask your doctor if cannabis could interfere with your prescribed medication.

Used too much?

The symptoms of using too much cannabis are similar to the typical effects of using cannabis, but more pronounced. These symptoms may include, but are not limited to:

- Extreme confusion, anxiety, panic, or paranoia
- Fast heart rate
- Hallucinations or delusions
- Increased blood pressure
- Severe nausea and vomiting

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If you suspect you've had an adverse reaction to a cannabis product, please fill out as much of this form as soon as possible and submit to AuditInspections@ccb.nv.gov

Your full name and contact information is optional, but we ask for this information in case additional details are needed. This information will not be shared outside of the CCB without your prior consent.

Last Name: _____ First Name: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip:_____
Phone #: _____ Alt #: _____ Email: _____

Sex: ☐Male ☐ Female ☐ Prefer Not to answer Height: _____ft. _____in. Weight: _____lbs.

Date of incident: _____ Name of Product: _____
Where was it purchased (e.g., Dispensary or Consumption Lounge name):_____
When was it purchased: _____ Lot/Batch #: _____
Manufacturer (License number or CEID#): _____
Dosage (strength and quantity): _____

Type of cannabis product used:

☐Flower ☐Oil/Tincture ☐Edible ☐Vaporizer ☐Topical
☐Other (please specify):_____

Date and Time Reaction Started: _____
Duration of the Reaction: _____
Did any of the following symptoms and/or conditions occur:

☐Fever/Chills	☐Diarrhea	☐Vomiting	☐Nausea	☐Headache
☐Rash	☐Sore Throat	☐Coughing	☐Chest Pain	☐ Joint Pain
☐Running Nose	☐Stomachache	☐Seizures	☐Jaundice	☐ Confusion
☐Difficulty breathing	☐ Difficulty walking	☐ Numbness	☐Fainting or Dizziness	☐Other

If other, please explain:
_____
_____

Likelihood that the cannabis product caused the adverse reaction: ☐ Certain ☐ Probably ☐ Possibly ☐ Unsure

How long after taking the product did the symptoms start?
_____

Were any other cannabis products consumed within 24 hours at the time of the side effects? If yes, please provide the product name, time consumed, and the amount consumed:

_____

_____

Did the consumer seek medical treatment/doctor?: ☐ Yes ☐ No

Was the consumer admitted to the hospital?: ☐ Yes ☐ No

Was the consumer using any other medications or alcohol?: ☐ Yes ☐ No
If yes, please specify: _____

Did other people in the party experience symptoms? If so, please provide their name(s) and phone number(s):

_____

_____

Did they submit their own Adverse Reaction form? ☐ Yes ☐ No

Please describe the adverse reaction (timeline, treatment, recovery, etc.):

_____

_____

_____

_____

Was the incident reported to any additional agencies (Southern Nevada Health District, Washoe County Health District, etc.)? ☐ Yes ☐ No

If yes, please provide the list of agencies:

_____

_____

Was this incident submitted through Accela via a complaint? ☐ Yes ☐ No

If yes, please provide the complaint number: _____

Additional Comments or Concerns: _____

_____

_____

If you have pictures of the product or any other ways of identifying the product, feel free to submit other information with this form to AuditInspections@ccb.nv.gov