

ADRMS

(Adverse Drugs Reaction Monitoring System)

By Indian pharmacopoeia commission (IPC), ministry of Health & Family Welfare, Govt.of India

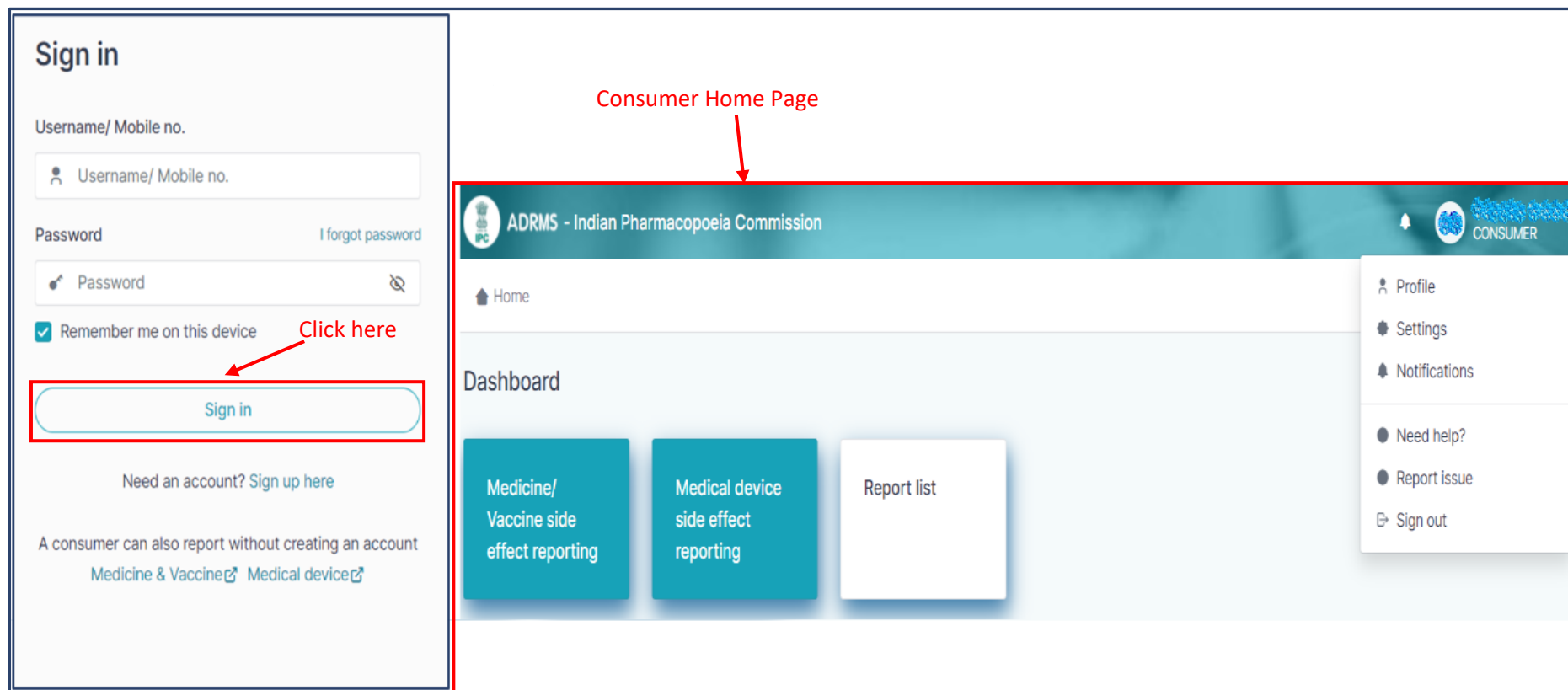
ACCOUNT TYPE IS CONSUMER

INDEX

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1. How to Sign In

Enter **Username** or **Mobile no.** and **Password**. Click on **Sign in**. Consumer home page will open



The screenshot displays the ADRMS - Indian Pharmacopoeia Commission website. On the left, a 'Sign in' form is visible with fields for 'Username/ Mobile no.' and 'Password', a 'Remember me on this device' checkbox, and a 'Sign in' button. A red arrow points to the 'Sign in' button with the text 'Click here'. Below the form, there are links for 'Need an account? Sign up here' and 'A consumer can also report without creating an account' with links for 'Medicine & Vaccine' and 'Medical device'. On the right, the 'Consumer Home Page' is shown, featuring a teal header with the ADRMS logo and 'CONSUMER' text. A navigation menu includes 'Home', 'Profile', 'Settings', 'Notifications', 'Need help?', 'Report issue', and 'Sign out'. The main content area is titled 'Dashboard' and contains three cards: 'Medicine/ Vaccine side effect reporting', 'Medical device side effect reporting', and 'Report list'. A red arrow points to the top of the dashboard area with the text 'Consumer Home Page'.

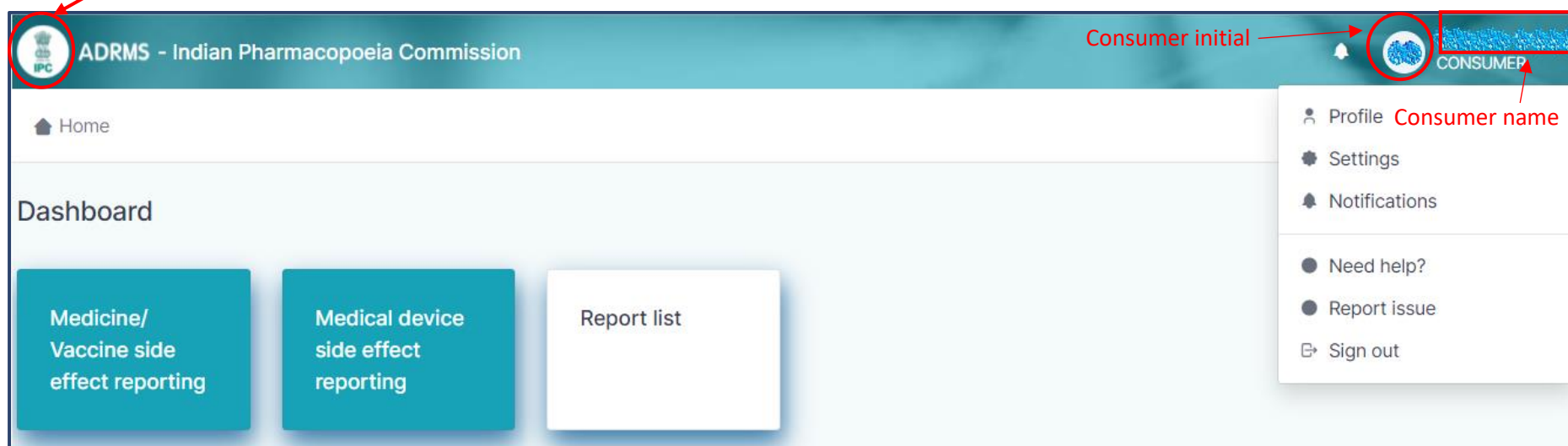
2. Consumer Home Page

This is Home Page of Consumer. By using this Page we can see and edit Profile of Consumer, can see already submitted list of report issue and also submit new Report issue.

Dashboard Consumer can submit Medicine Vaccine side effect report and also can submit Medical device side effect report. Using report list can see already submitted Medicine Vaccine side effect report and Medical device side effect report.

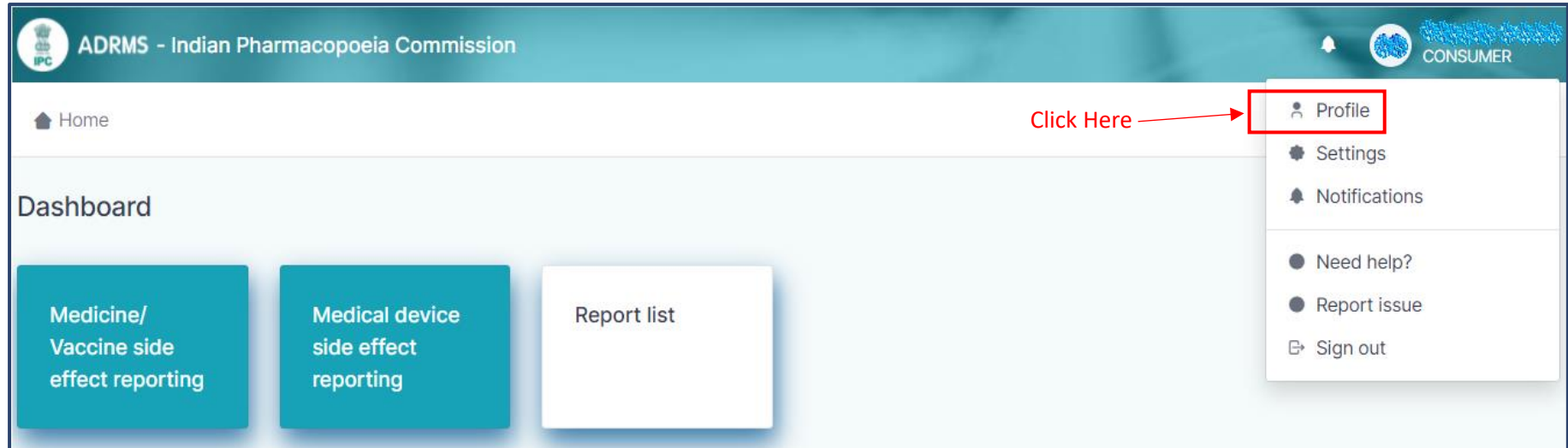
URL: <https://adrmsipc.in/adrms/dashboard.html>

ADRMS IPC Clickable Logo



3. Profile

Step 1: Click on **Profile**. Profile page of consumer will open.



The screenshot displays the ADRMS - Indian Pharmacopoeia Commission dashboard. The header includes the IPC logo, the text "ADRMS - Indian Pharmacopoeia Commission", a notification bell, and a user profile icon labeled "CONSUMER". Below the header, there is a "Home" link and a "Dashboard" section. The dashboard contains three main cards: "Medicine/ Vaccine side effect reporting", "Medical device side effect reporting", and "Report list". A user menu is open on the right side, listing "Profile", "Settings", "Notifications", "Need help?", "Report issue", and "Sign out". A red arrow points to the "Profile" option, which is also highlighted with a red box.

Profile page of consumer

ADRMS - Indian Pharmacopoeia Commission

CONSUMER

Home ← Redirect to consumer home

Profile

Photo Signature

General information

Name [Redacted]

Date of birth [Redacted]

Gender [Redacted]

Account information

Consumer can upload Photo and signature. In profile shown all information which is enter at the time of Sign Up.

In **"Fact"** there is a Record of account like account created date, last sign in date and last password changed date.

Photo Signature

Facts

Account created
↳ Fri, 13 Aug 2021 12:06:21 IST

Last sign in
↳ Fri, 03 Sep 2021 12:10:09 IST

Password last changed
↳ Tue, 31 Aug 2021 10:36:05 IST

Account information

Account type [Redacted]

Username [Redacted]

Password [Redacted]

Password last changed
↳ Tue, 31 Aug 2021 10:36:05 IST

Contact information

Address [Redacted]

Email address [Redacted]

Mobile no. [Redacted]

Designed, Developed & Maintained by C-DAC

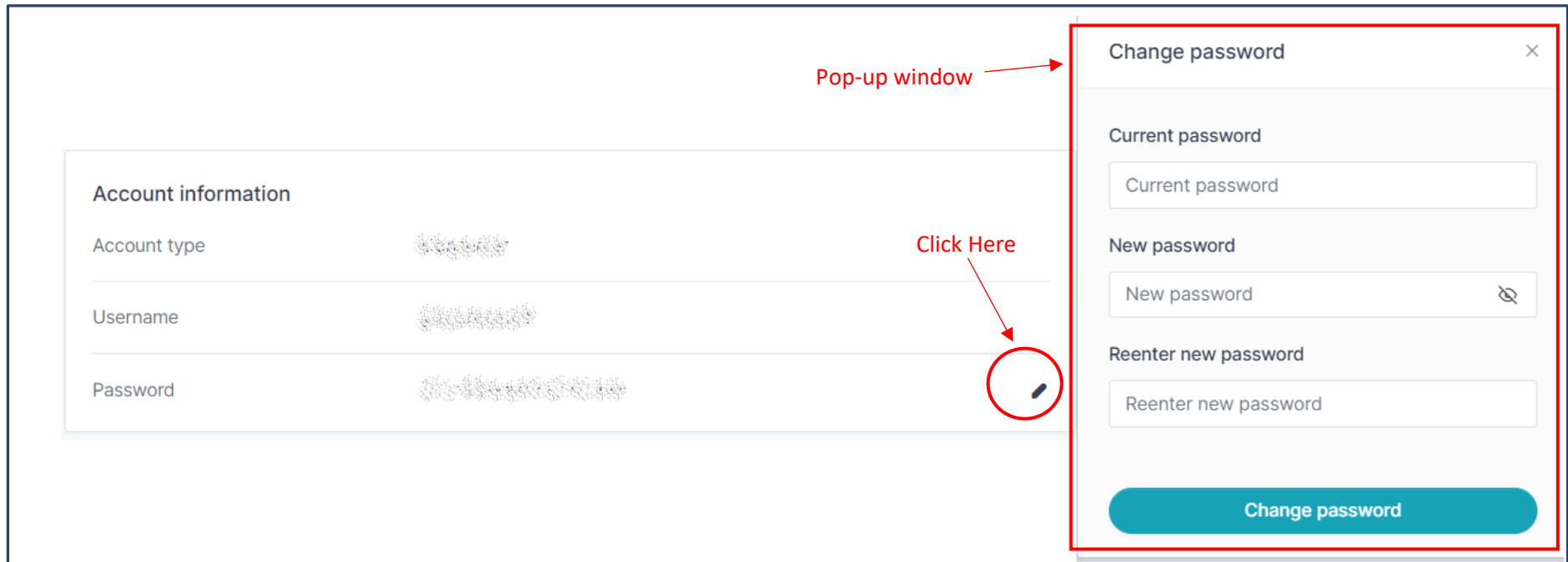
WHODRUG VERSION: GLOBALC3MAR21
MEDDRA VERSION: 24.0

General information contains there is a name, date of birth and gender of Consumer. **Account information** contains account type, username and password. Here password can be edit. **Contact information** contains address, email address, mobile number all fields can edit.

A. Change Account Information

I. Change Password

Step 1: Click on **edit password link**. A pop-up window will appear.



The image shows a user interface for account management. On the left, there is a form titled "Account information" with three rows: "Account type", "Username", and "Password". Each row has a text input field with a small edit icon (a pencil) to its right. A red circle highlights the edit icon for the "Password" field, with a red arrow pointing to it and the text "Click Here". To the right of the main form, a red-bordered pop-up window titled "Change password" is displayed. It contains three text input fields: "Current password", "New password", and "Reenter new password". A teal "Change password" button is at the bottom of the pop-up. A red arrow points from the text "Pop-up window" to the top-right corner of the pop-up window.

In change password write current password, new password and again reenter new password.

Condition Of new password: New password must be 8-20 characters long, contain at least one lowercase letter, one uppercase letter, one number and one special character (~!@#%^&*()_+?:), and must be different from your previous passwords.

Step 2: Click on **Change password**. On profile page message will appear for password changed successfully.

The image shows a 'Change password' dialog box on the left and a profile page on the right. The dialog box contains three input fields: 'Current password', 'New password', and 'Reenter new password'. A red arrow labeled 'Click Here' points to a teal 'Change password' button at the bottom of the dialog. The profile page on the right shows 'Account information' with fields for 'Account type' (Consumer), 'Username' (ywconsicons), and 'Password'. A green message box with the text 'Password has been changed successfully' is highlighted with a red box and labeled 'Message' with a red arrow. The 'Password' field is masked with dots.

B. Change Contact Information

I. Change Address

Step 1: Click on **edit Address link**. A pop-up window will appear.

For change password write address, pin code, district, state, country. This is required when address is change.

Pop-up window

Click Here

Change address

Address 0/150 Pin code

Content

District State Country

Change address

Condition Of address and pin code: address, contain letters, numbers, spaces and special characters (. , /()-), and must not exceed 150 characters length and pin code should be valid.

Step 2: Click on **Change address**. On profile page message will appear for address changed successfully.

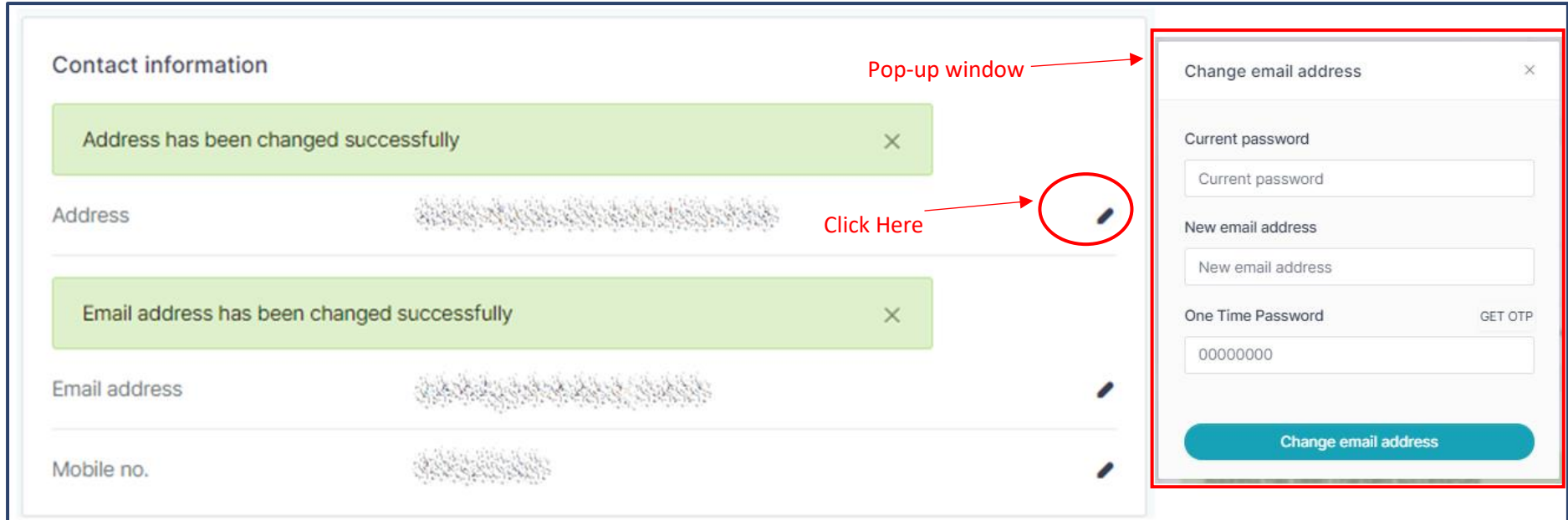
The screenshot shows a 'Change address' modal form on the left and a profile page on the right. The modal form has fields for 'Address' (with a 4/150 character limit), 'Pin code' (000000), 'District', 'State', and 'Country'. A red box highlights the 'Change address' button, with an arrow pointing to it labeled 'Click Here'. The profile page on the right has a 'Contact information' section. A green message box at the top of this section says 'Address has been changed successfully' and is highlighted with a red box, with an arrow pointing to it labeled 'Message'. Below the message are fields for 'Address', 'Email address', and 'Mobile no.', each with a redacted value and an edit icon.

This is simple two step to change Address.

II.Change Email Address

Step 1: Click on **edit Email address link**. A pop-up window will appear.

Fill the current password,new email address and OTP(One Time Password)which is send by ADRMS after click on GET OTP.



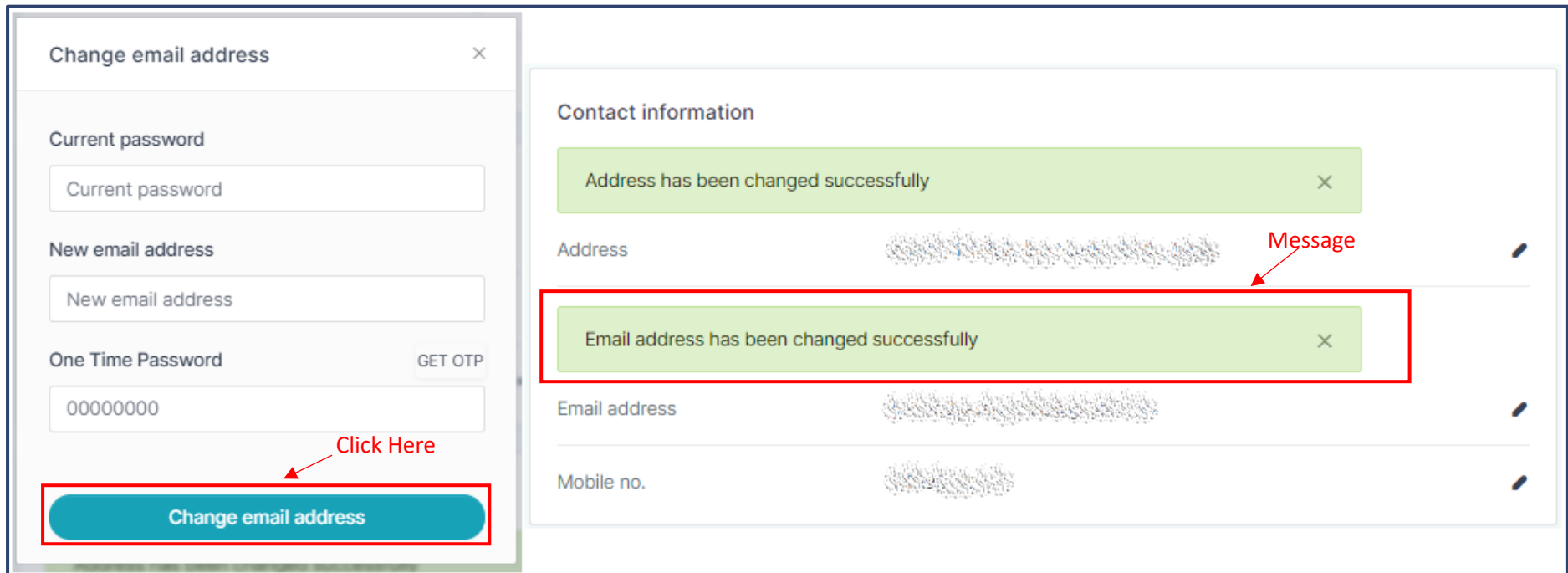
The screenshot shows a user interface with a 'Contact information' section. It includes fields for 'Address', 'Email address', and 'Mobile no.', each with a success message and an edit icon. A red arrow labeled 'Click Here' points to the edit icon for the 'Email address' field. Another red arrow labeled 'Pop-up window' points to a 'Change email address' window that is open. This window contains fields for 'Current password', 'New email address', and 'One Time Password' (with a 'GET OTP' link), and a 'Change email address' button.

Condition for new email Address: enter a valid email address, this email address must not exist already in our system.

One Time Password: click on Get OTP link to receive an 8 digit long OTP on your email.

OTP mail on Email address: “Dear User,
Please verify your email by entering the following OTP.
One Time Password (OTP): ----OTP-----
Please do not share this with anyone.
With Regards ADRMS Team”.

Step 2: Click on **Change email address**. On profile page message will appear for email address changed successfully.



This is simple two step to change Email address.

III. Change Mobile Number

Step 1: Click on **edit Mobile no. link**. A pop-up window will appear.

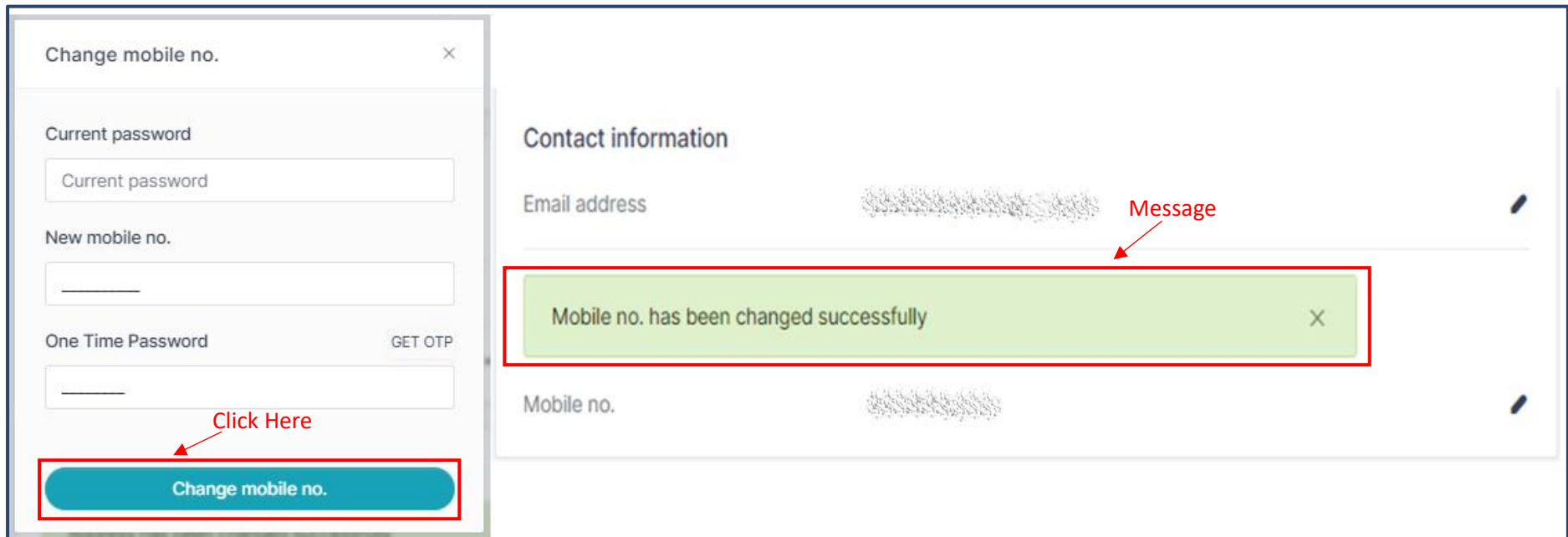
For change Mobile Number enter Current password, new mobile number, using GET OTP enter one time password.

The image shows a user profile page with a 'Change mobile no.' pop-up window. The main page has a 'Contact information' section with fields for Address, Email address, and Mobile no., each with an edit icon. Two green success messages are visible: 'Address has been changed successfully' and 'Email address has been changed successfully'. A red arrow labeled 'Pop-up window' points to the right-hand side of the screen. Another red arrow labeled 'Click Here' points to the edit icon for the Mobile no. field. The pop-up window is titled 'Change mobile no.' and contains the following fields and buttons: 'Current password' (with a text input field), 'New mobile no.' (with a text input field), 'One Time Password' (with a text input field and a 'GET OTP' button), and a large blue 'Change mobile no.' button at the bottom.

Condition for Mobile Number: enter a valid mobile no., this mobile no. must not exist already in our system.

GET OTP: Please click on Get OTP link to receive an 8 digit long OTP on your email, enter that OTP here.

Step 2: Click on **Change mobile no.**. On profile page message will appear for Mobile no. changed successfully.



This is simple two step to change mobile number.

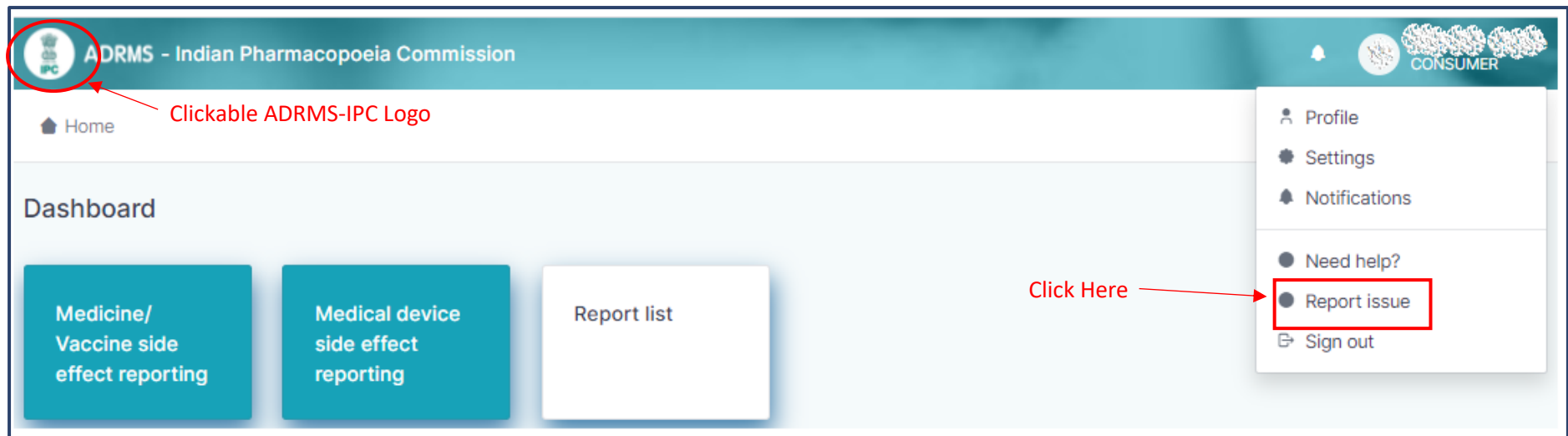
Following Table for Consumer profile field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of consumer	Yes:required
2	Last name	Last name of consumer	Yes:required
3	Username	Identity 8-20 char & Unique	Yes:required
4	Password	Security 8-20 char	Yes:required
5	Date of birth	Use at a time of forgot password	Yes:required
6	Gender	Select gender of consumer	Yes:required
7	Mobile no.	10 digit mobile number and should unique	Yes:required
8	One time password	8 digit OTP on mobile number	Yes:required
9	Photo	Upload photo in .jpg or .png format	No:Not required
10	Signature	Upload signature in .jpg or .png format	No:Not required
11	Email address	valid email address & should unique	No:Not required
Address			
12	Address	Enter Area name	No:Not required
13	Pin code	Valid pin code (6 digit)	No:Not required
14	District	Auto selected after address & pin code	No:Not required
15	State	Auto selected after address & pin code	No:Not required
16	Country	Auto selected after address & pin code	No:Not required

Table1: Consumer profile field list

4. Report Issue

Step 1: In Consumer home page click on **Report issue**. New window of Report issue will open.



Report issue window

Report issue

Issue type

Select

Describe your issue 0/255

Content

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)

Choose file...
Browse

Cancel
Submit

Show entries

Excel
PDF

Search:

TICKET NO.	ISSUE TYPE	DESCRIPTION	FILE UPLOADED	STATUS	ADMIN REPLY
I2021087	Form related	[Redacted]	↓	● Open	
I2021082	Form related	[Redacted]	↓	● Open	
I20210811	Form related	[Redacted]	↓	● Open	

Showing 1 to 3 of 3 entries

Previous
1
Next

In report issue select form related **Issue type** and **describe issue** and if any file available related to report then upload.

Step 2: Fill Report issue details. Click on **Submit**. In list submitted report issue is added.

Report issue

Issue type

[Redacted]

Describe your issue 0/255

[Redacted]

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)

Choose file...
Browse

Cancel

Click Here →

Submit

Show entries Excel PDF Search:

TICKET NO.	ISSUE TYPE	DESCRIPTION	FILE UPLOADED	STATUS	ADMIN REPLY
I20210912	Form related	[Redacted]		● Open	
I2021087	Form related	[Redacted]	↓	● Open	
I2021082	Form related	[Redacted]	↓	● Open	
I20210811	Form related	[Redacted]	↓	● Open	

Showing 1 to 4 of 4 entries

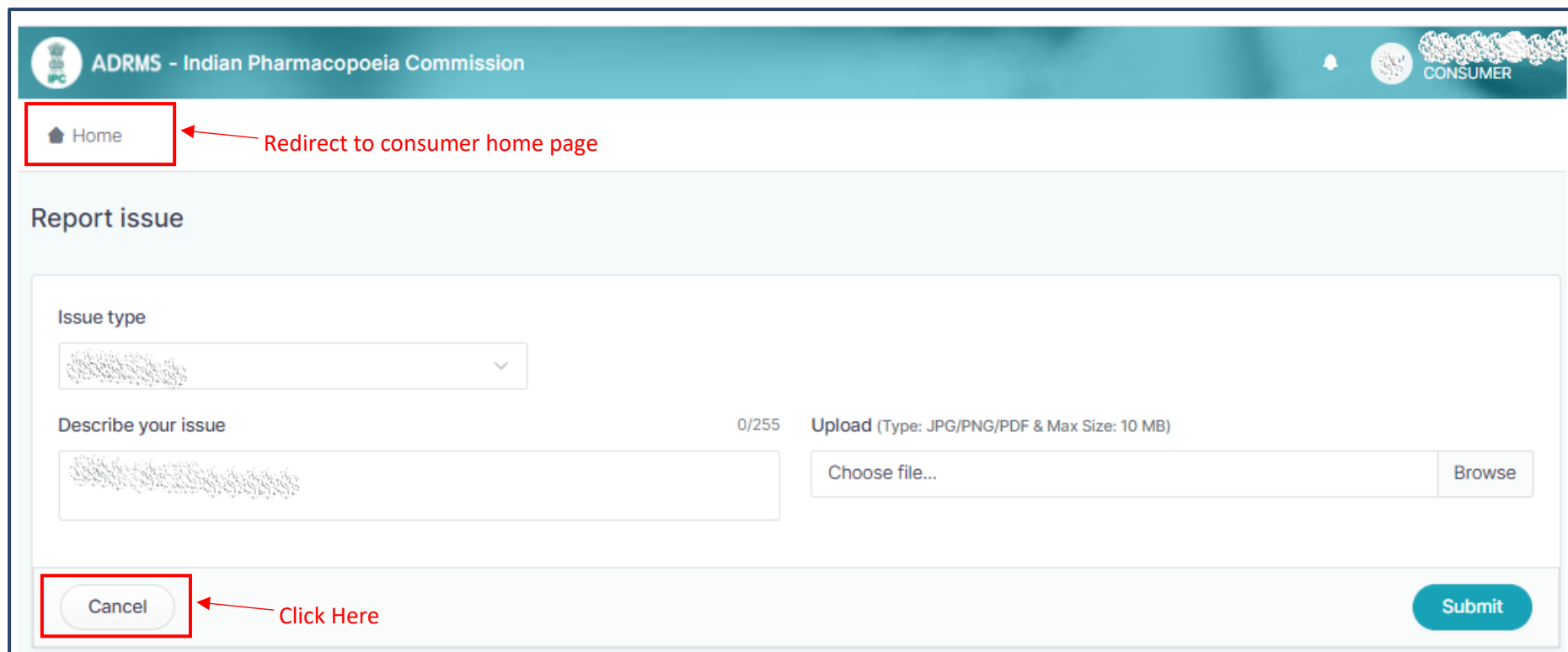
Previous 1 Next

↑

Added report issue

In list of report issue can see all submitted (from 1 to 1000) report issue list. Also can download this list in PDF or Excel format.

Step 3: Fill report issue details. If click on **Cancel**. Consumer home page will open.



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CONSUMER

Home ← Redirect to consumer home page

Report issue

Issue type

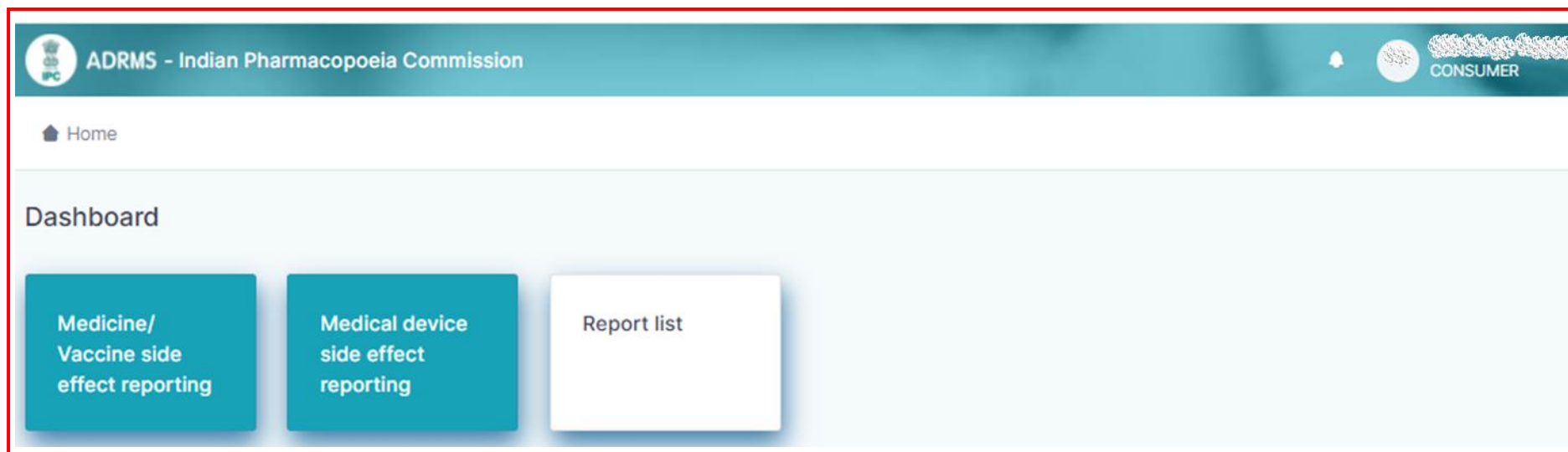
Describe your issue 0/255

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)

Choose file... Browse

Cancel ← Click Here Submit

Consumer home page



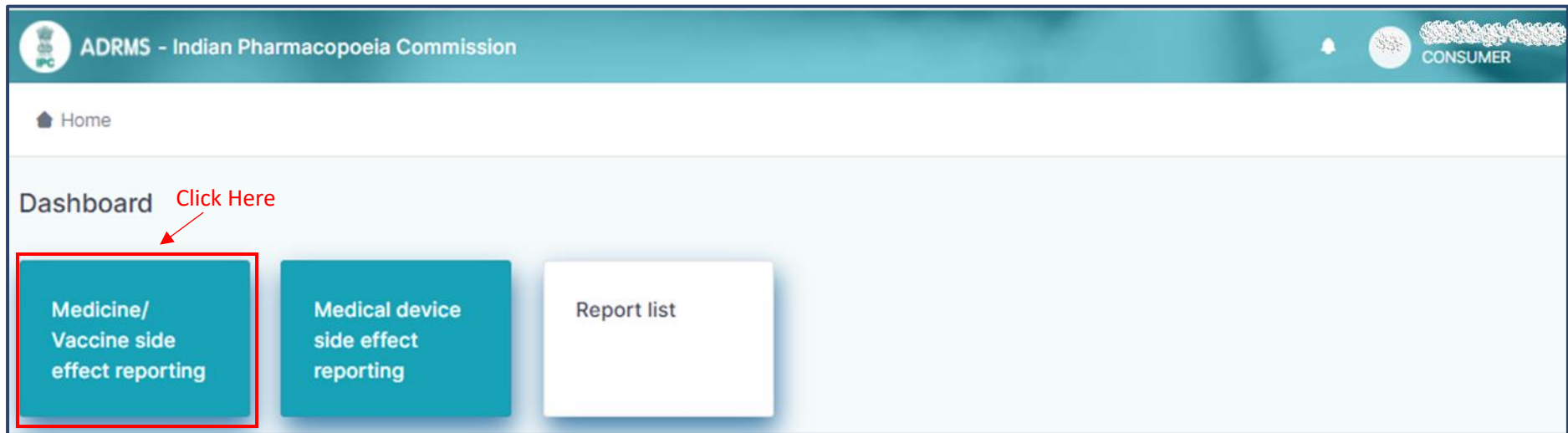
Following Table for Consumer Report issue field list:

Serial no.	Field name	Purpose	Is field required
1	Issue type	Select issue type of report	Yes:required
2	Describe your issue	Describe issue within 225 character	Yes:required
3	Upload	Upload file of JPG/PNG/PDF & Max Size: 10 MB	No:Not required

Table2: Consumer report issue field list

5. Medicine/Vaccine side effect report

Step 1: Click on **Medicine/Vaccine side effect reporting**. A new window of side effect report form will open.



Consumer home page

In report there are Initial details, patient details, Health details, Side effect details, Medicine/Vaccine taken/taking details, Upload relevant document these 6 sections are present.

I. Initial details

II. Patient details

III. Health details

IV. Side effect details

V. Medicine/Vaccine taken/taking details

VI. Upload relevant document (these all are link to jump on respective section)

*All fields marked with an asterisk * are mandatory.*

English, Hindi two language are available

I. Initial details: Is this serious case? **Yes**. More than one Seriousness reasons can be select.

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CONSUMER

Home

Language option ▾

Medicine/ Vaccine side effect report

I. Initial details

Is this a serious case? *

Yes
▾

Seriousness reasons *

Life threatening ×
Caused/ Prolonged hospitalization ×
Disabling/ Incapacitating ×
Congenital anomaly/birth defect ×
Other medically important condition ×

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Health details
- IV. Side effect details
- V. Medicine/ Vaccine taken/ taking details
- VI. Upload relevant document

I. Initial details: Is this serious case? No.

Language option ▾

Medicine/ Vaccine side effect report

I. Initial details

Is this a serious case? * Select

No ▾

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Health details
- IV. Side effect details
- V. Medicine/ Vaccine taken/ taking details
- VI. Upload relevant document

II. Patient details: Are you patient? Yes.

II. Patient details

Are you a patient? *

Yes No, Somebody else is a patient

First name Select Last name Initials *

Date of birth * Gender *

Weight kg

*All fields marked with an asterisk * are mandatory*

Auto created

II. Patient details: Are you patient? No, date of birth/Age DOB, How do you know patient? Friend.

II. Patient details

Are you a patient? *

Yes No, Somebody else is a patient

First name Last name Initials ? *

First name Last name Initials

Date of birth/ Age * Date of birth * Gender *

Date of birth Select Select

Weight

kg

How do you know the patient? *

Friend

II. Patient details: Are you patient **No**, Date of birth/Age **Age**, How do you know patient? **Family member**. Family member additional box.

Age: In age there is Decade, Year, Month, Week, Day, Hour this options are available.

II. Patient details

Are you a patient? * Select

Yes
 No, Somebody else is a patient

First name
 Last name
 Initials

Date of birth/ Age * Select
 Age *
 Gender *

Weight kg

How do you know the patient? * Select
 Family member *

Condition of family member: Enter relation of family member, contain letters and spaces, and must not exceed 50 characters length.

II. Patient details: Are you patient **No**, Date of birth/Age **Age**, How do you know patient? **Other**, Other additional box.

II. Patient details

Are you a patient? * Select

Yes No, Somebody else is a patient

First name Last name Initials ? *

Date of birth/ Age * Select Age * Gender *

Weight Select

How do you know the patient? * Select Others *

Condition of Others: Enter others, contain letters and spaces, and must not exceed 50 characters length.

III. Health Details: Write down the reason and select Medicine/Vaccines advised by.

There is Medicine/Vaccine advised by Doctor, Pharmacist, Friends, Relatives, Self (Past disease experienced) or Self (No past disease experienced).

III. Health details

Reason(s) for taking medicine(s)/ vaccine(s) ? * 0/5000

Content

Medicines/ Vaccines advised by * Select any one

Select ▼

Condition of Reasons for taking medicine/vaccine: Enter reason(s) for taking medicine(s)/ vaccine(s), contain letters, numbers, spaces and special characters (./() -), and must not exceed 5000 characters length.

IV. Side effect details: Still continuing? Yes.

Write started date of side effect and describe the details of side effect and what treatments were taken to manage the side effect.

IV. Side effect details

Started date * Still continuing?

Select Yes

Describe the details of side effect and what treatments were taken to manage the side effect * 0/5000

Content

Condition for Describe the details of side effect and what treatments were taken to manage the side effect: Contain letters, numbers, spaces and special characters (./() -), and must not exceed 5000 characters length.

IV. Side effect details: Still continuing? No, Stopped date additional box.

IV. Side effect details

Started date *	Still continuing?	Stopped date *
Select	No	Select

Describe the details of side effect and what treatments were taken to manage the side effect * 0/5000

Content

Condition for Describe the details of side effect and what treatments were taken to manage the side effect: Contain letters, numbers, spaces and special characters (./()=), and must not exceed 5000 characters length.

V. Medicine/Vaccine taken/taking details: Write all details of Medicine/Vaccine. Click on **Add**, It added the details.

In dosage form there are Tablet, Capsule, Injection, Oral liquids, Others can select any one. In this section write down Medicine/vaccine name, Manufacturer name, Manufacturing license no.,Batch/Lot no.,Expiry date, Quantity taken, Started taking date, Stopped taking date.

V. Medicine/ Vaccine taken/ taking details

Blank **Add** Click here

Medicine/ Vaccine name *

Manufacturer name **Manufacturing license no. ?**


Batch/ Lot no. ? **Expiry date**

Quantity taken ? * **Dosage form**

Started taking date * **Stopped taking date**

V. Medicine/Vaccine taken/taking details: After click on **Add**. It add medicine vaccine details with medicine vaccine name.

V. Medicine/ Vaccine taken/ taking details
Added detail with Medicine Vaccine name



Medicine/ Vaccine name *

Manufacturer name

Manufacturing license no. ?

Batch/ Lot no. ?

Expiry date

Quantity taken ? *

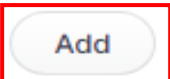
Dosage form

Started taking date *

Stopped taking date

V. Medicine/Vaccine taken/taking details: Click on **Add**. It give blank Medicine/Vaccine taken/taking details form.

V. Medicine/ Vaccine taken/ taking details

 **Add** Click here

Medicine/ Vaccine name *

Manufacturer name

Manufacturing license no. ?

Batch/ Lot no. ?

Expiry date

Quantity taken ? *

Dosage form

Started taking date *

Stopped taking date

V. Medicine/ Vaccine taken/ taking details

Blank medicine/vaccine form can delete

tttt

Blank  

Blank medicine/vaccine taken/taking details form

Medicine/ Vaccine name *

Medicine/ Vaccine name

Manufacturer name

Manufacturer name

Manufacturing license no.

Manufacturing licence no.

Batch/ Lot no.

Batch/ Lot no.

Expiry date

Select month & year

Quantity taken *

Quantity taken

Dosage form

Select

Started taking date *

Select

Stoppedtaking date

Select

VI. Upload relevant document: Upload side effect report related document.

Write document title and upload the document if available.

VI. Upload relevant document

Document title Upload document

Select and upload file


Step 2: Click on **Next-Preview & Submit**. New window of Review & submit report will open.


VI. Upload relevant document

Document title Upload document

← Click Here

Window of Review & Submit report


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 CONSUMER

[Home](#)

Medicine/ Vaccine side effect report - Review & Submit

I. Initial details	
Is this a serious case?	<input type="checkbox"/>
Seriousness reasons	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Health details
- IV. Side effect details
- V. Medicine/ Vaccine taken/ taking details
- VI. Upload relevant document

II. Patient details	
Are you a patient?	<input type="checkbox"/>
First name	<input type="text"/>
Last name	<input type="text"/>
Initials	<input type="text"/>
Date of birth/ Age	<input type="text"/>
Date of birth	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
Weight	<input type="text"/>
How do you know the patient?	<input type="text"/>

III. Health details	
Reason(s) for taking medicine(s)/ vaccine(s)	<input type="text"/>
Medicines/ Vaccines advised by	<input type="text"/>

IV. Side effect details	
Started date	११/०५/२०२०
Still continuing?	१००
Stopped date	११/०५/२०२०
Describe the details of side effect and what treatments were taken to manage the side effect	११/०५/२०२०

V. Medicine/ Vaccine taken/ taking details	
1.	
Medicine/ Vaccine name	
Manufacturer name	
Manufacturing license no.	
Batch/ Lot no.	
Expiry date	
Quantity taken	
Dosage form	
Others	
Started taking date	
Stopped taking date	

VI. Upload relevant document

Document title	
Upload document	

[Go to back page](#)


[Previous](#) [Submit](#)


Step 3: Click on **Submit**. New window of submitted report will open.

VI. Upload relevant document	
Document title	
Upload document	
Previous	Submit

Click here

Window of submitted report


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CONSUMER

Home

Medicine/ Vaccine side effect report

FORM NO.: [REDACTED] SUBMITTED ON: [REDACTED] STATUS: ● Submitted

I. Initial details

Is this a serious case?	[REDACTED]
Seriousness reasons	[REDACTED]

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Health details
- IV. Side effect details
- V. Medicine/ Vaccine taken/ taking details
- VI. Upload relevant document

This submitted report shows Form no. , submitted date and Status.

II. Patient details	
Are you a patient?	<input type="checkbox"/>
First name	<input type="text"/>
Last name	<input type="text"/>
Initials	<input type="text"/>
Date of birth/ Age	<input type="text"/>
Date of birth	<input type="text"/>
Age	<input type="text"/>
Gender	<input type="text"/>
Weight	<input type="text"/>
How do you know the patient?	<input type="text"/>

III. Health details	
Reason(s) for taking medicine(s)/ vaccine(s)	████████████████████
Medicines/ Vaccines advised by	██████████
IV. Side effect details	
Started date	████████████████████
Still continuing?	██
Stopped date	████████████████████
Describe the details of side effect and what treatments were taken to manage the side effect	████████████████████

V. Medicine/ Vaccine taken/ taking details	
1.	
Medicine/ Vaccine name	१२३४
Manufacturer name	५६७८
Manufacturing license no.	९०१२३
Batch/ Lot no.	४५६७
Expiry date	८९०१२३
Quantity taken	४
Dosage form	५६७८
Others	
Started taking date	१२३४५६७८९०
Stopped taking date	०१२३४५६७८९

VI. Upload relevant document	
Document title	
Upload document	

These are the simple three step form to submitting Medicine/Vaccine side effect report.

Following Table for Consumer Medicine/Vaccine side effect report field list:

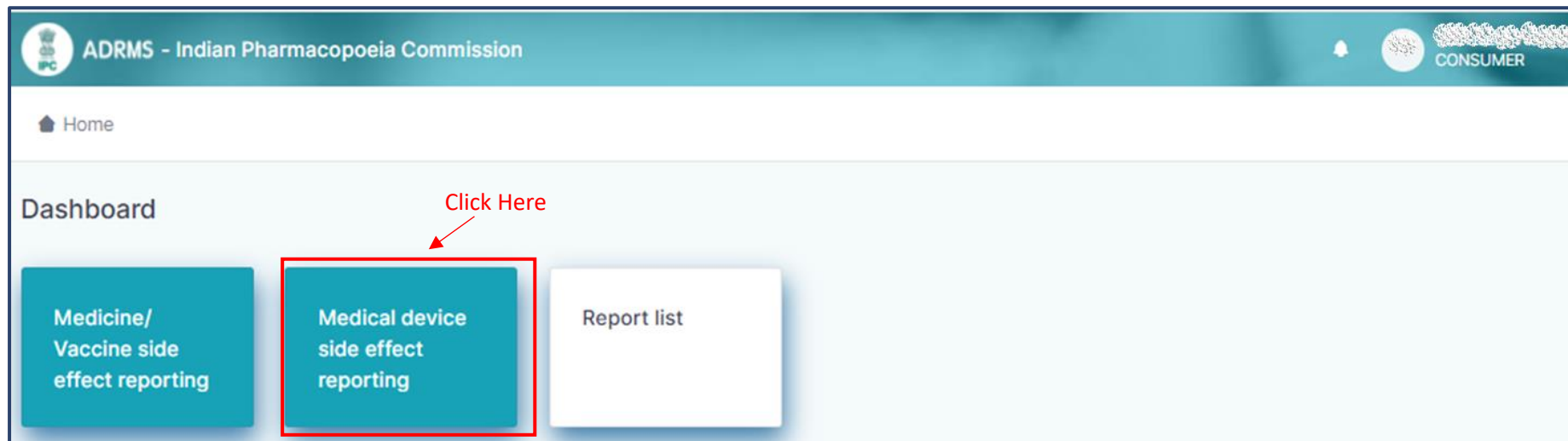
Serial no.	Field name	Purpose	Is field required
I. Initial details			
1	Is this a serious case?	Select Yes or No	Yes:required
2	Seriousness reason	Select reasons(can select more than one)	Yes:required
II. Patient details			
3	Are you a patient?	Select Yes or No	Yes:required
4	First name	First name of patient	Yes:required
5	Last name	Last name of patient	Yes:required
6	Initials	First & Last name initials	Yes:required
7	Date of birth	Select date from calender	Yes:required
8	Age	Select age unit and enter age	Yes:required
9	Gender	Select gender	Yes:required
10	Weight	Enter in Kg	No:Not required
11	How do you know the patient?	Select one Family member, Friend, Other	Yes:required
12	Family member	Write what relationship with patient	Yes:required
13	Others	Write other relationship with patient	Yes:required
III. Health details			
14	Reason(s) for taking medicine(s)/ vaccine(s)	Enter Reason within 5000 char length	Yes:required
15	Medicines/ Vaccines advised by	Select one who advise Medicine/Vaccine	Yes:required
IV. Side effect details			
16	Started date	Select started date of side effect	Yes:required
17	Still continuing?	Select Yes or No	No:Not required
18	Stopped date	Enter stopped date of side effect	Yes:required
19	Describe the details of side effect	Describe the side effect	Yes:required
V. Medicine/Vaccine taken/taking details			

20	Medicine/ Vaccine name	Medicine/Vaccine name within 100 char length	Yes:required
21	Manufacturer name	Manufacturer name of medicine/Vaccine	No:Not required
22	Manufacturing license no.	Manufacturing license no. of Medicine/Vaccine	No:Not required
23	Batch/ Lot no.	Batch/Lot no. of Medicine/Vaccine	No:Not required
24	Expiry date	Select expiry date of Medicine/Vaccine	No:Not required
25	Quantity taken	write how much no. of medicine taken/taking	Yes:required
26	Dosage form	Select one dose form like tablet,injection etc	No:Not required
27	Other	Write other dosage form if taken/taking	Yes:required
28	Started taking date	Select Medicine/Vaccine started date	Yes:required
29	Stopped taking date	Select Medicine/Vaccine stopped date	No:Not required
VI.Upload relevant document			
30	Document title	Enter Uploading document name	No:Not required
31	Upload document	Doc format is JPG/PDF/MP4 & Max size:10MB	No:Not required

Table3: Consumer Medicine/Vaccine side effect report field list

6. Medical device Side effect report

Step 1: Click on **Medical device side effect reporting**. A new window of side effect report will open.



In report there are patient details, Adverse details, Medical device details, Medicine, Upload relevant document these 4 sections are present.

I. Patient details

II. Adverse details

III. Medical device details


IV. Upload relevant document (these all are link to jump on particular section)


*All fields marked with an asterisk * are mandatory.*

English, Hindi two language are available. Home sign for redirect to home page of consumer.

I. Patient details: Are you patient? **Yes.**

Select are you patient? or not and write weight.


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Language option ▾

Medical device adverse event report

I. Patient details

Are you a patient? *

Yes
 No, Somebody else is a patient

← Click here

First name
Last name
Initials ? *

Date of birth *
Gender *

Weight

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

All fields marked with an asterisk * are mandatory

I. Patient details: Are you a patient? **No**, How do you know the patient? **Friend**.

Select are you patient? or not, write First name, Last name, Initials is auto generated, DOB/Age, select Gender(in Female, Male, Transgender) and select How do you know patient.

Medical device adverse event report

I. Patient details

Are you a patient? *

Yes No, Somebody else is a patient ← Click here

First name Last name Initials ? *

Date of birth/ Age * Gender *

Weight

How do you know the patient? *

← Select

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

All fields marked with an asterisk * are mandatory

I. Patient details: Are you a patient? **No**, Date of birth/Age **DOB**, How do you know the patient? **Family Member**.

Select are you patient? or not, write First name, Last name, Initials is auto generated, DOB/Age select, select Gender(in Female, Male, Transgender) and select How do you know patient family member. If patient is family member then additional box for family member.

I. Patient details

Are you a patient? *

Yes
 No, Somebody else is a patient
← Click here

First name
Last name
Initials ? *

Date of birth/ Age *
Date of birth *
Gender *

Weight

← Select

How do you know the patient? *
Family member *
← Select

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

*All fields marked with an asterisk * are mandatory*

I. Patient details: Are you a patient? **No**, Date of birth/Age **age**, How do you know the patient? **Other**.

Select are you patient? or not, write First name, Last name, Initials is auto generated, DOB/Age select **Age** and this age have **Decade, Year, Month, Week, Day, Hour** options. Select Gender (in Female, Male, and Transgender) and select How do you know patient?.

I. Patient details

Are you a patient? *

Yes No, Somebody else is a patient Click here

First name Last name Initials ? *

Date of birth/ Age * Age * Gender *

Weight

How do you know the patient? * Others *

Select Select

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

All fields marked with an asterisk * are mandatory

II. Adverse event details: Location of event **Home**, Device operator **Physician**, Was device return to local supplier **No**.

Select Date of event, Location of event, Describe the details of adverse event, Device operator is Physician .Device operator have four options (Physician, Patient, Other, None or problem prior notice to us). Device operator is Physician, Patient, None or problem prior notice to us. Select Was device return to local supplier, Write other relevant information.

II. Adverse event details

*All fields marked with an asterisk * are mandatory*

Date of event * Location of event ← Select

Describe the details of adverse event * 0/5000

Device operator ← Select any 1 (Physician, Patient, None or problem prior notice to us)

Was device return to local supplier ← Select

Other relevant information 0/2500

Condition Describe the details of adverse event: Please describe the details of side effect, contain letters, numbers, spaces and special characters (./()-), and must not exceed 5000 characters length.

II. Adverse event details: Location of event **Hospital**, Device operator **Other**, Was device return to local supplier **Yes**.

II. Adverse event details

Date of event *

Location of event Select

IPD/ OPD *

Hospital name *

Hospital address * 0/150

Describe the details of adverse event * 0/5000

Device operator Select

Others *

Was device return to local supplier Select

Date of return *

Specify location *

Other relevant information 0/2500

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

*All fields marked with an asterisk * are mandatory*

If Location of event is Hospital then IPD/OPD, Hospital name, Hospital address this information is write down. If Other is Device operator then additional box for Other. Was device return to local supplier is Yes then write Date of return. In IPD/OPD IPD, OPD, CR these three option are available.

Condition Describe the details of adverse event: Please describe the details of side effect, contain letters, numbers, spaces and special characters (./()-), and must not exceed 5000 characters length.

II. Adverse event details: Location of event **Other**, Device operator **Other**, Was device return to local supplier **Yes**.

II. Adverse event details

Date of event * Location of event
Select

Others *

Describe the details of adverse event * 0/5000

Device operator Others *
Select

Was device return to local supplier Date of return *
Select

Specify location *

Other relevant information 0/2500

- III. Medical device details
- IV. Upload relevant document

*All fields marked with an asterisk * are mandatory*

Location of event is Other then additional box for Other is there.

III. Medical device details: Write all Medical device details.

Write Device name, Model no., Serial no., Batch/Lot no., Software version, Manufacture/Installation date, Expiry date, Implantation date, Device manufacturer name and Local supplier name.

III. Medical device details

Device name *

Model no.

Serial no.

Batch/ Lot no.

Software version

Manufacture/ Installation date

Expiry date

Implantation date

Device manufacturer name

Local supplier name

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

*All fields marked with an asterisk * are mandatory*

Device Name: Please enter device name, contain letters, numbers, spaces and special characters (./() -), and must not exceed 100 characters length.

IV. Upload relevant document: Upload document with title.

If any document available then upload and write document title.

IV. Upload relevant document

Document title	Upload document
<input type="text" value="Document title"/>	<input type="button" value="Add File"/>

← Upload file here

Next - Preview & Submit



Step 2: Click on **Next – Preview & Submit**. New window of Review & submit report will open.

IV. Upload relevant document

Document title	Upload document
<input type="text" value="Document title"/>	<input type="button" value="Add File"/>

Next - Preview & Submit ← Click here

New window of Review & submit report

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Medical device adverse event report - Review & Submit

I. Patient details	
Are you a patient?	<input type="checkbox"/>
First name	<input type="text" value=""/>
Last name	<input type="text" value=""/>
Initials	<input type="text" value=""/>
Date of birth/ Age	<input type="text" value=""/>
Date of birth	<input type="text" value=""/>
Age	<input type="text" value=""/>
Gender	<input type="text" value=""/>
Weight	<input type="text" value=""/>
How do you know the patient?	<input type="text" value=""/>
How do you know the patient?	<input type="text" value=""/>

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

II. Adverse event details	
Date of event	[REDACTED]
Location of event	[REDACTED]
IPD/ OPD	[REDACTED]
Hospital name	[REDACTED]
Hospital address	[REDACTED]
Others	
Describe the details of adverse event	[REDACTED]
Device operator	[REDACTED]
Others	
Was device return to local supplier	[REDACTED]
Date of return	[REDACTED]
Specify location	[REDACTED]
Other relevant information	[REDACTED]

III. Medical device details	
Device name	<input type="text"/>
Model no.	<input type="text"/>
Serial no.	<input type="text"/>
Batch/ Lot no.	<input type="text"/>
Software version	<input type="text"/>
Manufacture/ Installation date	<input type="text"/>
Expiry date	<input type="text"/>
Implantation date	<input type="text"/>
Device manufacturer name	<input type="text"/>
Local supplier name	<input type="text"/>

- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

VI. Upload relevant document	
Document title	<input type="text"/>
Upload document	<input type="text"/>

Click here for back page

Previous

Submit

Step 3: Click on **Submit**. New submitted report window will open.

VI. Upload relevant document	
Document title	
Upload document	
Previous	Submit ← Click here

New submitted report window

This submitted report show Form no. , submitted date and Status.

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Medical device adverse event report

FORM NO.: ADRMS/MvPI/CN/2021/3, SUBMITTED ON: 07 September 2021, STATUS: ● Submitted

I. Patient details

Are you a patient?	[Redacted]
First name	[Redacted]
Last name	[Redacted]
Initials	[Redacted]
Date of birth/ Age	[Redacted]
Date of birth	
Age	[Redacted]
Gender	[Redacted]
Weight	[Redacted]
How do you know the patient?	[Redacted]
Family member	

ON THIS PAGE

- I. Patient details
- II. Adverse event details
- III. Medical device details
- IV. Upload relevant document

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II. Adverse event details		III. Medical device details - IV. Upload relevant document
Date of event	2023-07-20	
Location of event	Delhi	
IPD/ OPD	IPD	
Hospital name	AIIMS	
Hospital address	Ansari Road, Connaught Place, New Delhi, India	
Others		
Describe the details of adverse event	Device malfunctioned during surgery, causing patient injury.	
Device operator	Dr. A. B. Singh	
Others		
Was device return to local supplier	Yes	
Date of return	2023-08-15	
Specify location	Delhi	
Other relevant information	Device was used for 5 years.	

III. Medical device details	
Device name	XXXXXXXXXX
Model no.	XXXXXXXXXX
Serial no.	XXXXXXXXXX
Batch/ Lot no.	XXXXXXXXXX
Software version	XXXXXXXXXX
Manufacture/ Installation date	XXXXXXXXXX
Expiry date	XXXXXXXXXX
Implantation date	XXXXXXXXXX
Device manufacturer name	XXXXXXXXXX
Local supplier name	XXXXXXXXXX

VI. Upload relevant document	
Document title	
Upload document	

Designed, Developed & Maintained by C-DAC .

WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

These are the simple three steps to submitting Medical device side effect report.

Following Table for Consumer Medical device adverse event report field list:

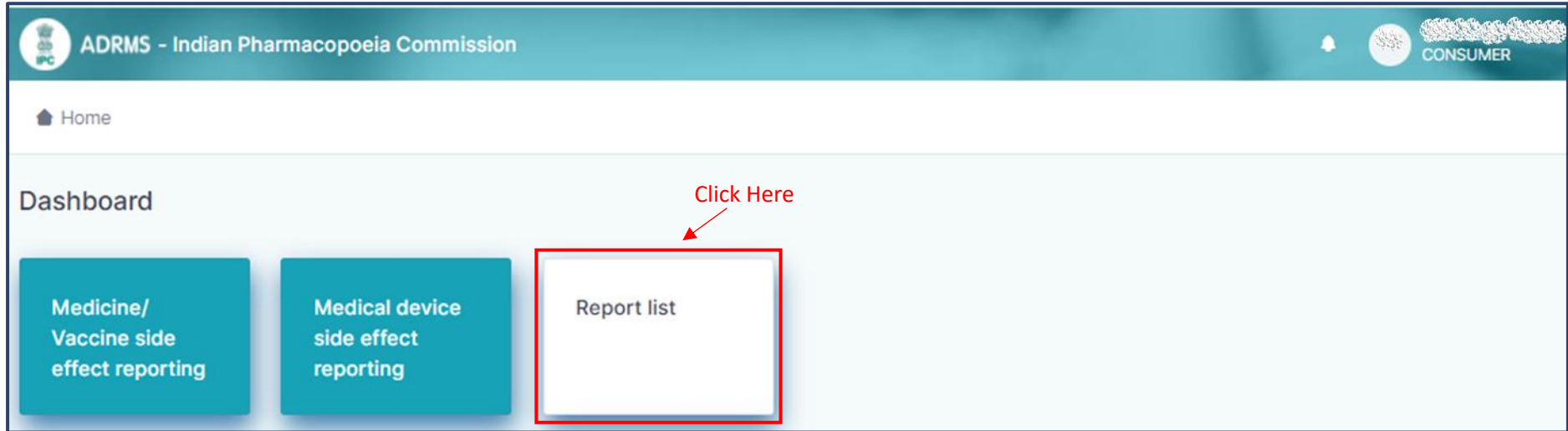
Serial no.	Field name	Purpose	Is field required
I.Patient details			
1	Are you a patient?	Select Yes or No	Yes:required
2	First name	First name of patient	Yes:required
3	Last name	Last name of patient	Yes:required
4	Initials	First & Last name initials	Yes:required
5	Date of birth	Select date from calender	Yes:required
6	Age	Select age unit and enter age	Yes:required
7	Gender	Select gender	Yes:required
8	Weight	Enter in Kg	No:Not required
9	How do you know the patient?	Select one Family member, Friend, Other	Yes:required
10	Family member	Write what relationship with patient	Yes:required
11	Others	Write other relationship with patient	Yes:required
II.Adverse event details			
12	Date of event	Select date	Yes:required
13	Location of event	Select one location Home, Hospital, Other	No:Not required
14	Describe the details of adverse event	describe the details within 5000 char length	Yes:required
15	Device operator	Select who is operator ex. Physician, Patient etc	No:Not required
16	Was device return to local supplier	Select Yes or No	No:Not required
17	Other relevant information	Write within 2500 char	No:Not required
III.Medical device details			
18	Device name	Write within 100 char length	Yes:required
19	Model no.	Write Model no. of device	No:Not required
20	Serial no.	Write serial no. of device	No:Not required
21	Batch\Lot no.	Write batch/lot no of device	No:Not required
22	Software version	Write software version of device	No:Not required

23	Manufacture/ Installation date	Select Manufacture date of device	No:Not required
24	Expiry date	Select expiry date of device	No:Not required
25	Implantation date	Select implantation date of device	No:Not required
26	Device manufacturer name	Write manufacturer name	No:Not required
27	Local supplier name	Write supplier name	No:Not required
IV.Upload relevant document			
28	Document title	Enter Uploading document name	No:Not required
29	Upload document	Doc format is JPG/PDF/MP4 & Max size:10MB	No:Not required

Table4: fields of Consumer Medical device adverse event effect report field list


7. Report List


Step 1: Click on **Report list**. A new window of submitted Report list will open.



Consumer home page

New window of submitted report list

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Report list

Show entries [Excel](#) [PDF](#) Search:

FORM NO.	PATIENT	MEDICAL PRODUCT	TRANSACTION DATE	STATUS
ADRMS/MvPI/CN/2021/3	Somebody else	Medical device	7 September 2021	Submitted
ADRMS/PvPI/CN/2021/106	Self	Medicine/ Vaccine	6 September 2021	Submitted
ADRMS/PvPI/CN/2021/101	Somebody else	Medicine/ Vaccine	1 September 2021	Submitted
ADRMS/MvPI/CN/2021/2	Self	Medical device	23 August 2021	Submitted
ADRMS/PvPI/CN/2021/92	Somebody else	Medicine/ Vaccine	23 August 2021	Submitted
ADRMS/MvPI/CN/2021/1	Self	Medical device	13 August 2021	Submitted
ADRMS/PvPI/CN/2021/88	Self	Medicine/ Vaccine	13 August 2021	Submitted

Showing 1 to 7 of 7 entries


Previous 1 Next



In list of report list we can see all submitted (from 1 to 1000) report list. Also can download this list in PDF or Excel format. In report list there is form number and it is auto generated. Who fill up report form showing in patient column. In medical product column showing report related to Medicine/Vaccine or Medical device. Transaction date column showing date of report submission. By using eye sign we can see submitted report form.

This simple one step to see the report list.

8. How to Sign Out

Step 1: Click on **sign out**. New sign out window will appear.


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Report list

Show entries Excel PDF Search

FORM NO.	PATIENT	MEDICAL PRODUCT	TRANSACTION DATE	Status	Action
ADRMS/MvPI/CN/2021/3	Somebody else	Medical device	7 September 2021	Submitted	
ADRMS/PvPI/CN/2021/106	Self	Medicine/ Vaccine	6 September 2021	Submitted	
ADRMS/PvPI/CN/2021/101	Somebody else	Medicine/ Vaccine	1 September 2021	Submitted	
ADRMS/MvPI/CN/2021/2	Self	Medical device	23 August 2021	Submitted	
ADRMS/PvPI/CN/2021/92	Somebody else	Medicine/ Vaccine	23 August 2021	Submitted	
ADRMS/MvPI/CN/2021/1	Self	Medical device	13 August 2021	Submitted	
ADRMS/PvPI/CN/2021/88	Self	Medicine/ Vaccine	13 August 2021	Submitted	

Showing 1 to 7 of 7 entries

Previous 1 Next

- Profile
- Settings
- Notifications
- Need help?
- Report issue
- Sign out Click here

Message is showing for sign out successfully.

New sign out window



ADRMS

Stepping towards patient's safety

An Indigenous Adverse Drug Reactions Monitoring System (ADRMS) by Indian Pharmacopoeia Commission (IPC), Ministry of Health & Family Welfare, Govt. of India, to ease reporting and monitoring of adverse events (side effects) on patients due to medical products (medicine, vaccine & medical device) for the safety of patients.

Designed, Developed & Maintained by C-DAC.

You have signed out of ADRMS successfully

Thank you for using our services. Please share your valuable feedback. [Directly sign in window \(or ADRMS home page\) open](#)

Share feedback →

← Take me home

Message



Directly sign in window (or ADRMS home page) open



Step 2: Click on **Share feedback**. New pop-up window will appear.

The image shows a user interface for ADRMS. On the left, a message states "You have signed out of ADRMS successfully" and "Thank you for using our services. Please share your valuable feedback." Below this message are two buttons: "Share feedback →" and "← Take me home". The "Share feedback →" button is highlighted with a red box, and a red arrow points to it with the text "Click here".

On the right, a "Feedback form" pop-up window is shown, also outlined with a red box. A red arrow points to the top of this window with the text "Pop-up window". The pop-up window contains the following elements:

- Title: Feedback form (with a close 'x' icon)
- Message: "We would love to hear your thoughts, suggestions, concerns or problems with anything so we can improve!"
- Section: Feedback type
- Options: Comments, Suggestions, Questions
- Section: Describe your feedback (with a character count of 0/255)
- Input field: Content..
- Section: Mobile no.
- Input field: _____
- Section: One Time Password (with a "GET OTP" link)
- Input field: _____
- Submit button: Share feedback

Step 3: fill up all details click on **Share feedback**. Sign in window will open.

Feedback form [Close]

We would love to hear your thoughts, suggestions, concerns or problems with anything so we can improve!

Feedback type

Comments Suggestions Questions

Describe your feedback 0/255

Content..

Mobile no.

One Time Password GET OTP

Share feedback

Sign in

Username/ Mobile no.

Password I forgot password

[Eye icon]

Remember me on this device

Sign in

Need an account? [Sign up here](#)

A consumer can also report without creating an account

[Medicine & Vaccine](#) [Medical device](#)

These are simple three step to sign out.