

ADRMS

(Adverse Drugs Reaction Monitoring System)

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

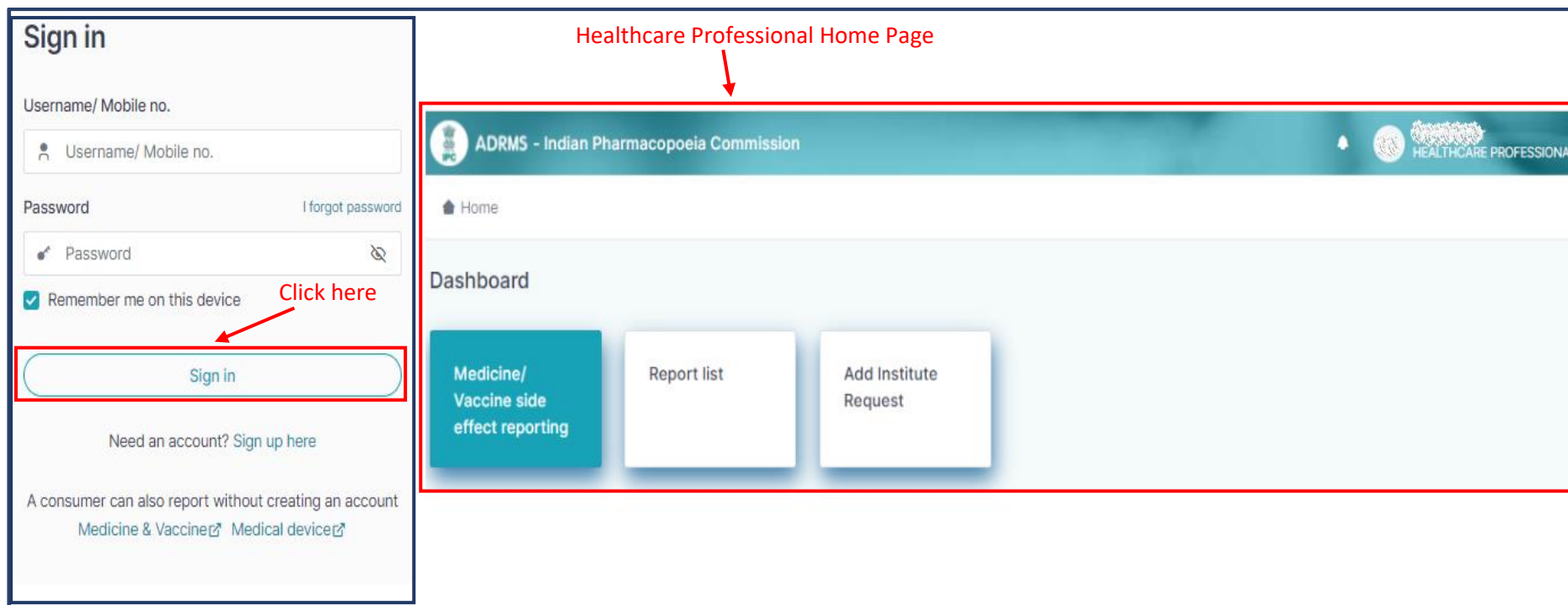
ACCOUNT TYPE IS HEALTHCARE PROFESSIONAL

INDEX

Topic Name	Page Number
1. How to Sign In	2
2. Healthcare Professional home page	4
3. Profile	6
4. Report issue	24
5. Medicine/Vaccine side effect report.....	30
6. Report List	71
7. Add Institute Request	74
8. How to Sign Out	82

1. How to Sign In

Step 1: Enter **Username** or **Mobile no.** and **Password**. Click on **Sign in**. Healthcare Professional home page will open.



The image shows a composite screenshot of the healthcare professional home page. On the left, a 'Sign in' form is displayed 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 is a link for 'Need an account? Sign up here' and a note for consumers. On the right, the 'Healthcare Professional Home Page' is shown, featuring a teal header with the 'ADRMS - Indian Pharmacopoeia Commission' logo and 'HEALTHCARE PROFESSIONAL' text. A 'Home' button is visible below the header. The main content area is titled 'Dashboard' and contains three cards: 'Medicine/ Vaccine side effect reporting', 'Report list', and 'Add Institute Request'. A red arrow points to the top of the dashboard area with the text 'Healthcare Professional Home Page'.

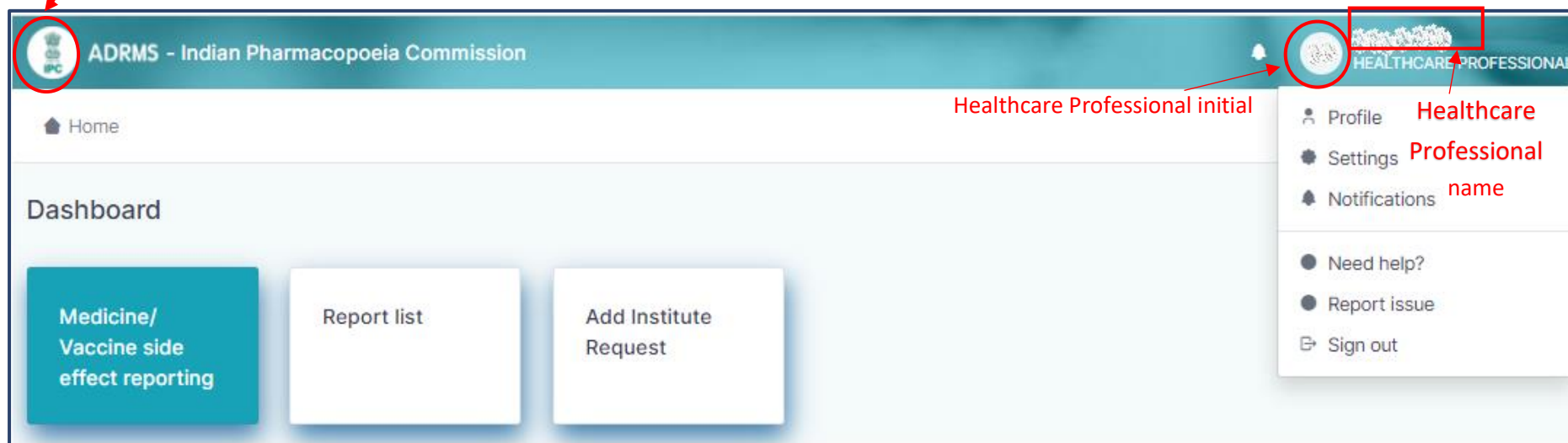
2. Healthcare Professional Home Page

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

Dashboard Healthcare Professional can submit Medicine/Vaccine side effect report. Using report list can see already submitted Medicine Vaccine side effect report. Healthcare Professional can Add Institute Request.

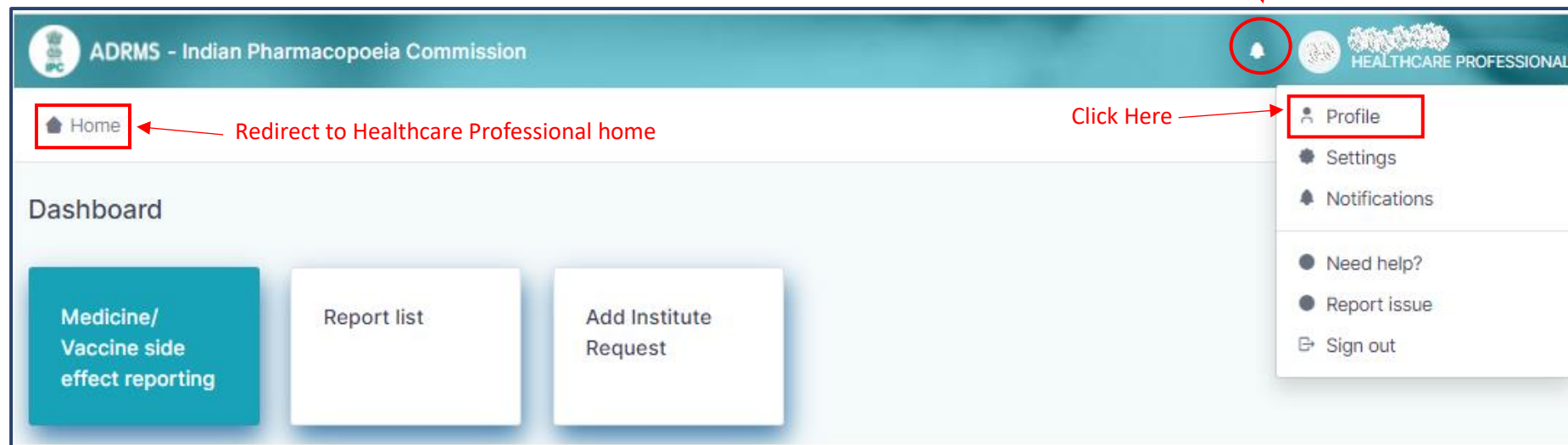
URL: <https://adrmsipc.in/adrms/dashboard.html>

ADRMS IPC Clickable Logo



3. Profile

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



Profile page of Healthcare Professional

Profile

General information

Name

Date of birth

Gender

Photo

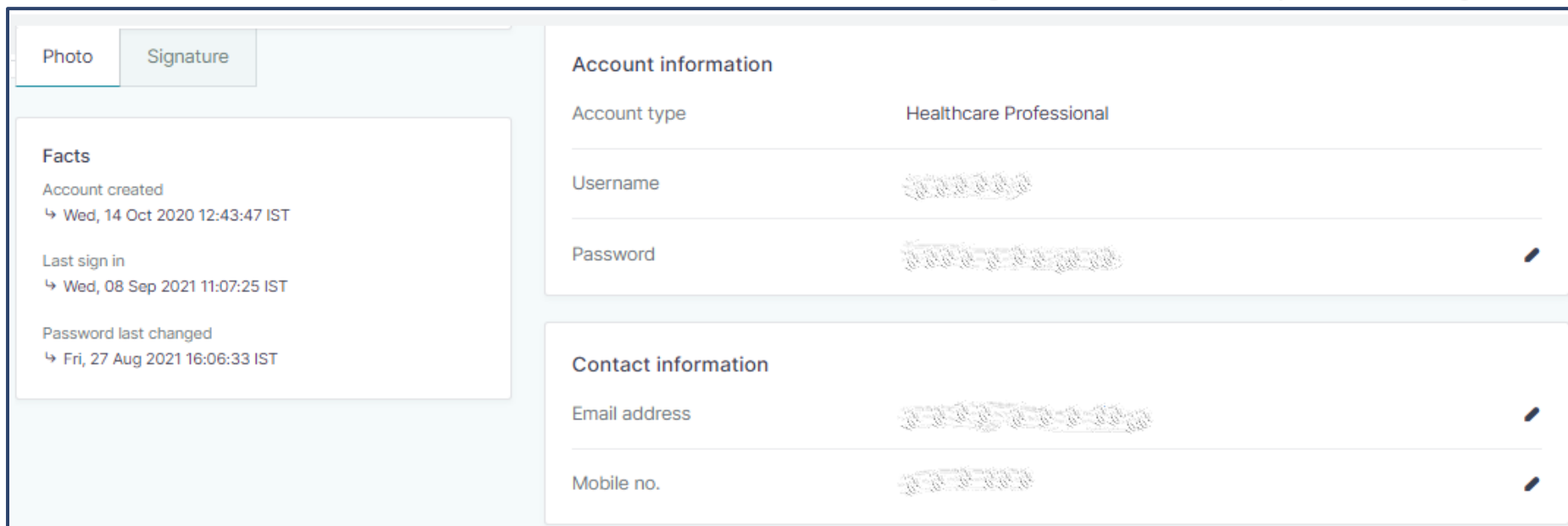
Signature

Account information

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

General information contains a name, date of birth and gender of Healthcare Professional.

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



The screenshot shows a user profile interface with the following sections:

- Photo** and **Signature** tabs at the top left.
- Facts** section containing:
 - Account created: Wed, 14 Oct 2020 12:43:47 IST
 - Last sign in: Wed, 08 Sep 2021 11:07:25 IST
 - Password last changed: Fri, 27 Aug 2021 16:06:33 IST
- Account information** section containing:
 - Account type: Healthcare Professional
 - Username: [Redacted]
 - Password: [Redacted] with an edit icon.
- Contact information** section containing:
 - Email address: [Redacted] with an edit icon.
 - Mobile no.: [Redacted] with an edit icon.

Account information contains account type, username and password. Here password can be edit.

Contact information email address, mobile number all fields can edit.

Professional information

Center/ Company name

Address

Occupation

Designed, Developed & Maintained by C-DAC .

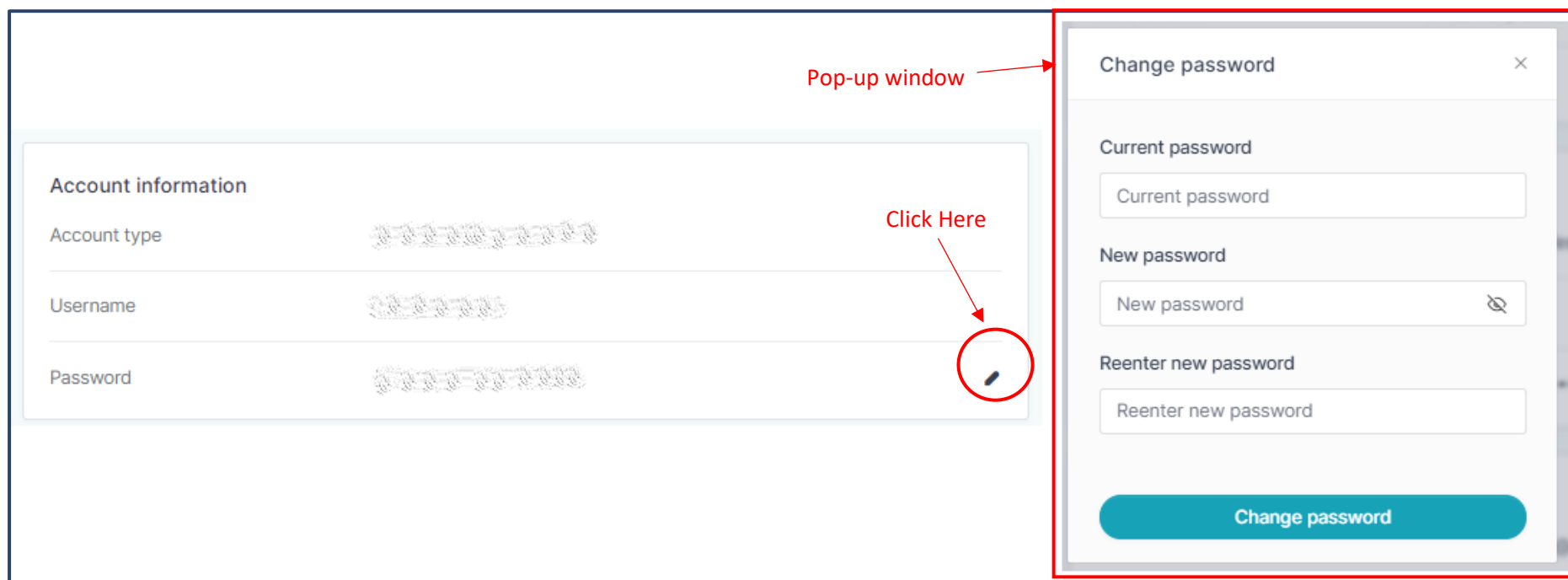
WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

Professional information contains Center/Company name, Address, Occupation. Here we can edit all fields.

A. Change Account Information

I. Change Password

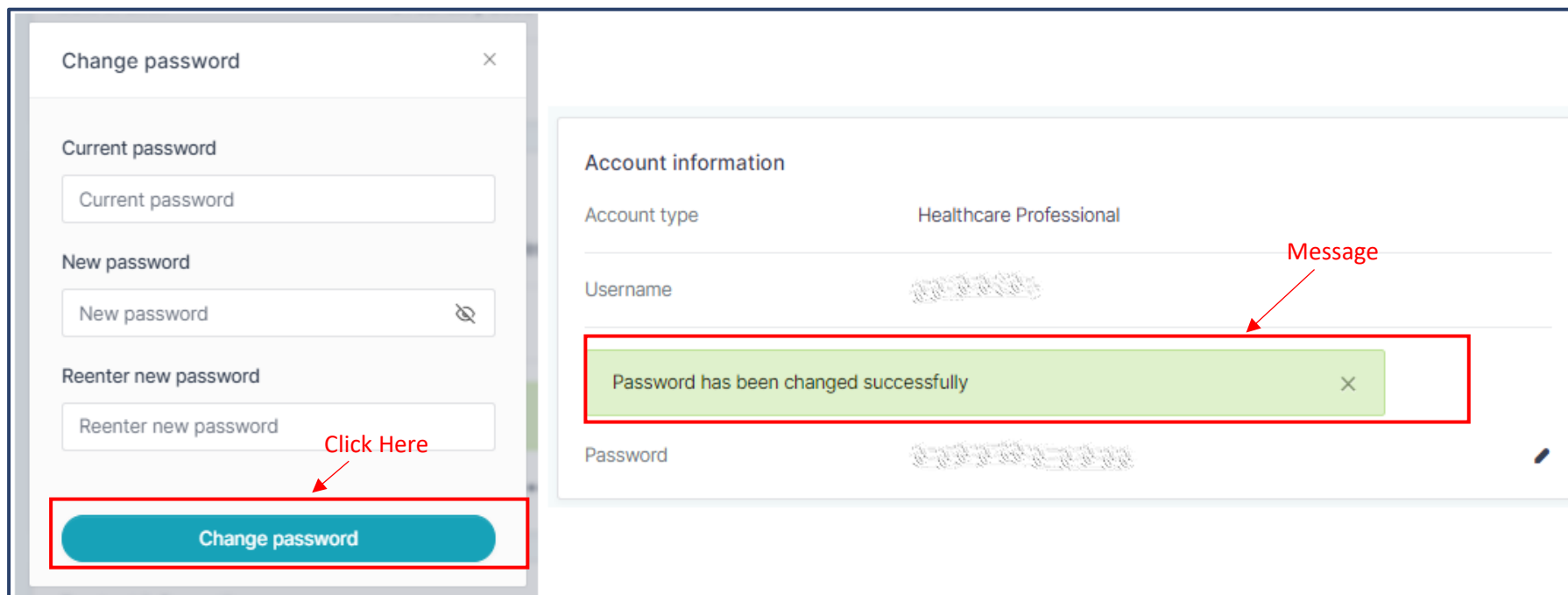
Step 1: Click on **edit password link**. A pop-up window will appear.



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.

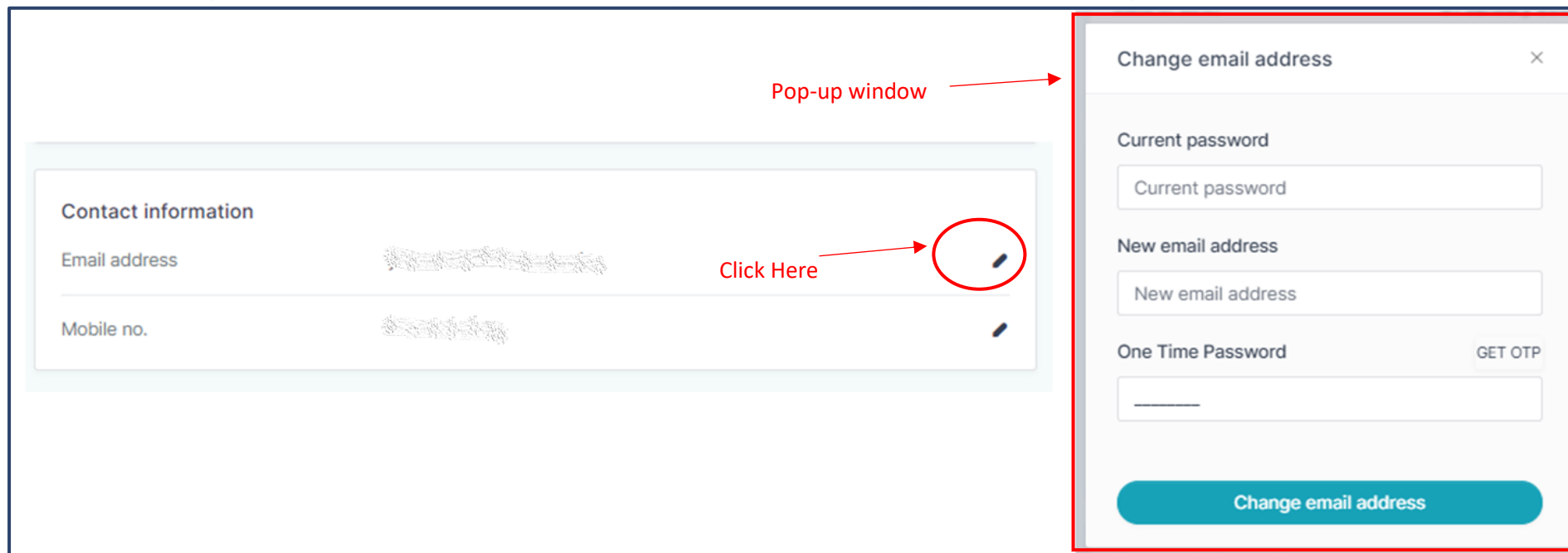


B. Change Contact Information

I. 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 sent by ADRMS after click on GET OTP.

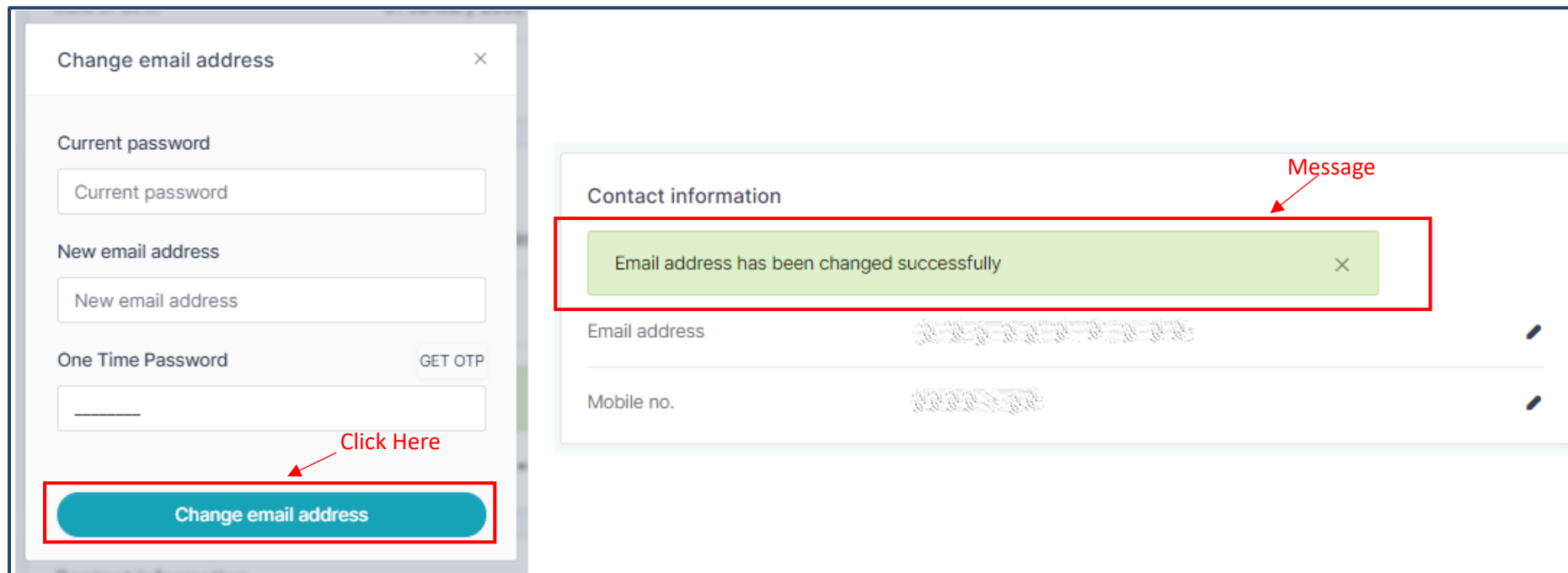


Condition for new email Address: enter a valid email address, this email address must not exist already in our system.

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.

II. Change Mobile Number

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

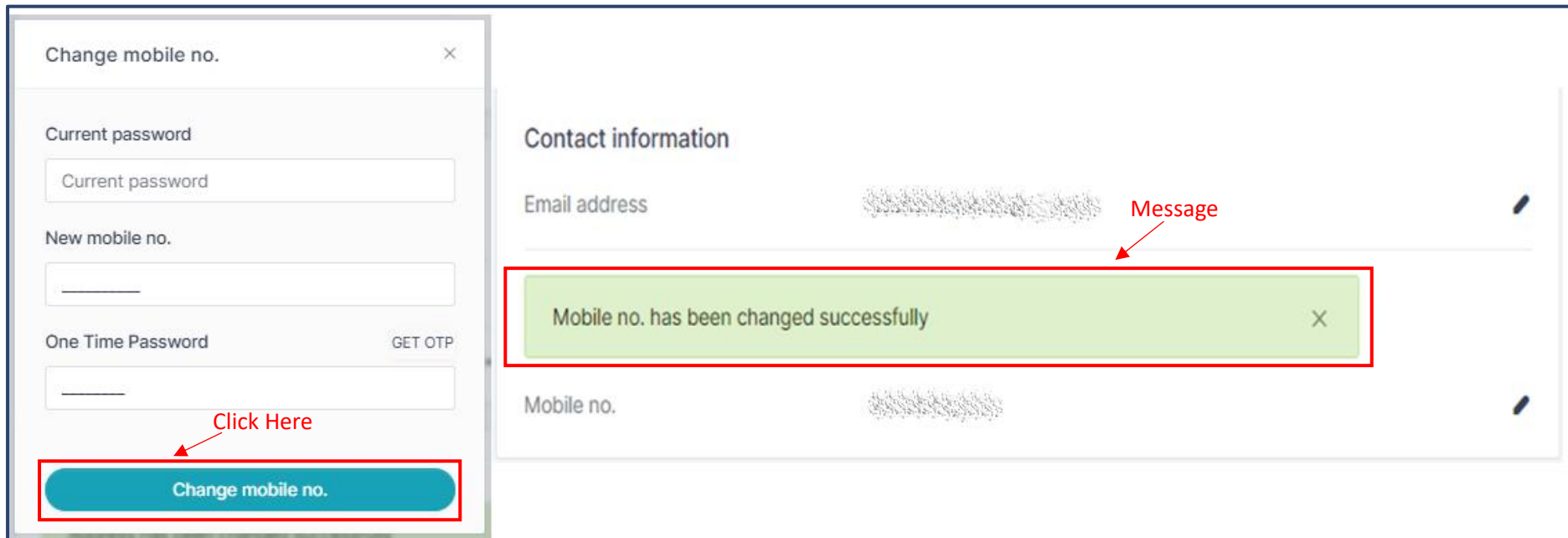
For change Mobile Number enter Current password, new mobile number, using GET OTP enter one time password.

The image shows a user interface for changing a mobile number. On the left, a 'Contact information' section contains 'Email address' and 'Mobile no.' fields, each with an edit icon. A red circle highlights the 'Mobile no.' edit icon, with an arrow pointing to it labeled 'Click Here'. To the right, a pop-up window titled 'Change mobile no.' is shown, containing fields for 'Current password', 'New mobile no.', and 'One Time Password' (with a 'GET OTP' link), and a 'Change mobile no.' button. An arrow points from the text 'Pop-up window' to the pop-up window.

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.

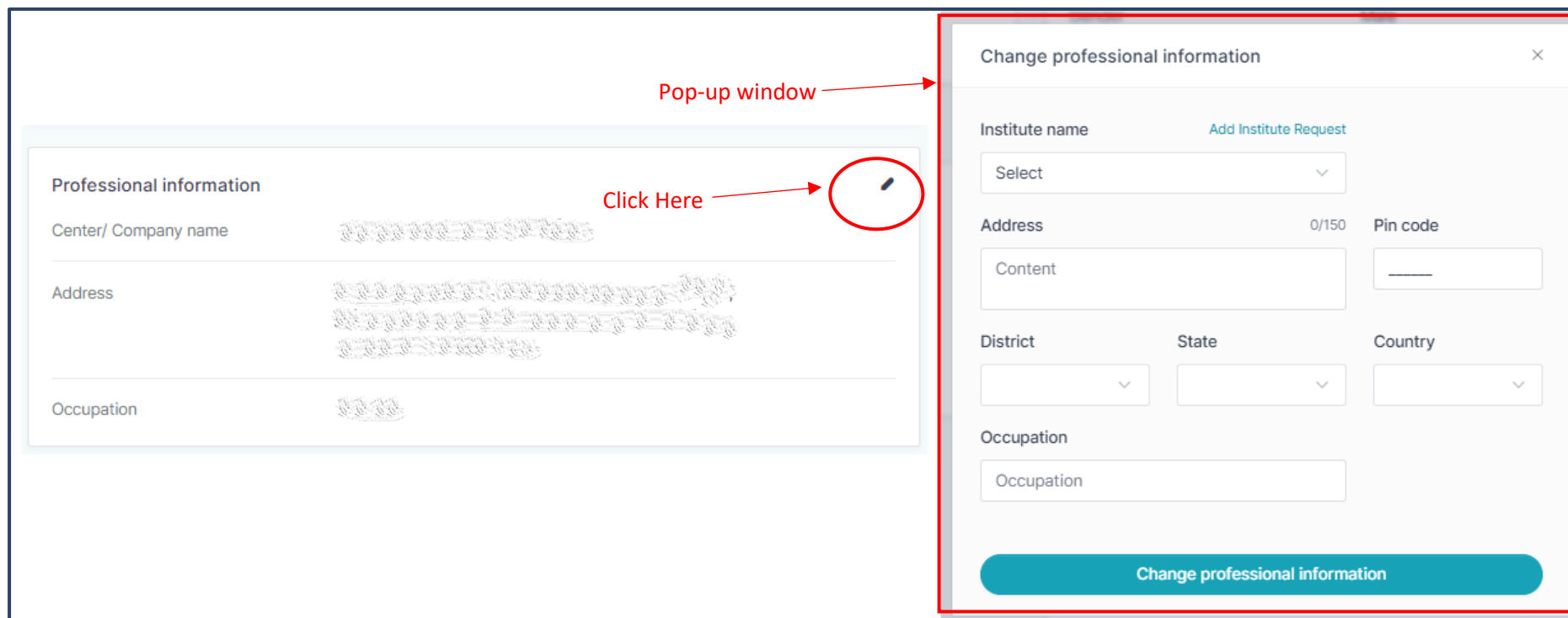


This is simple two step to change mobile number.

C. Change Professional information

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

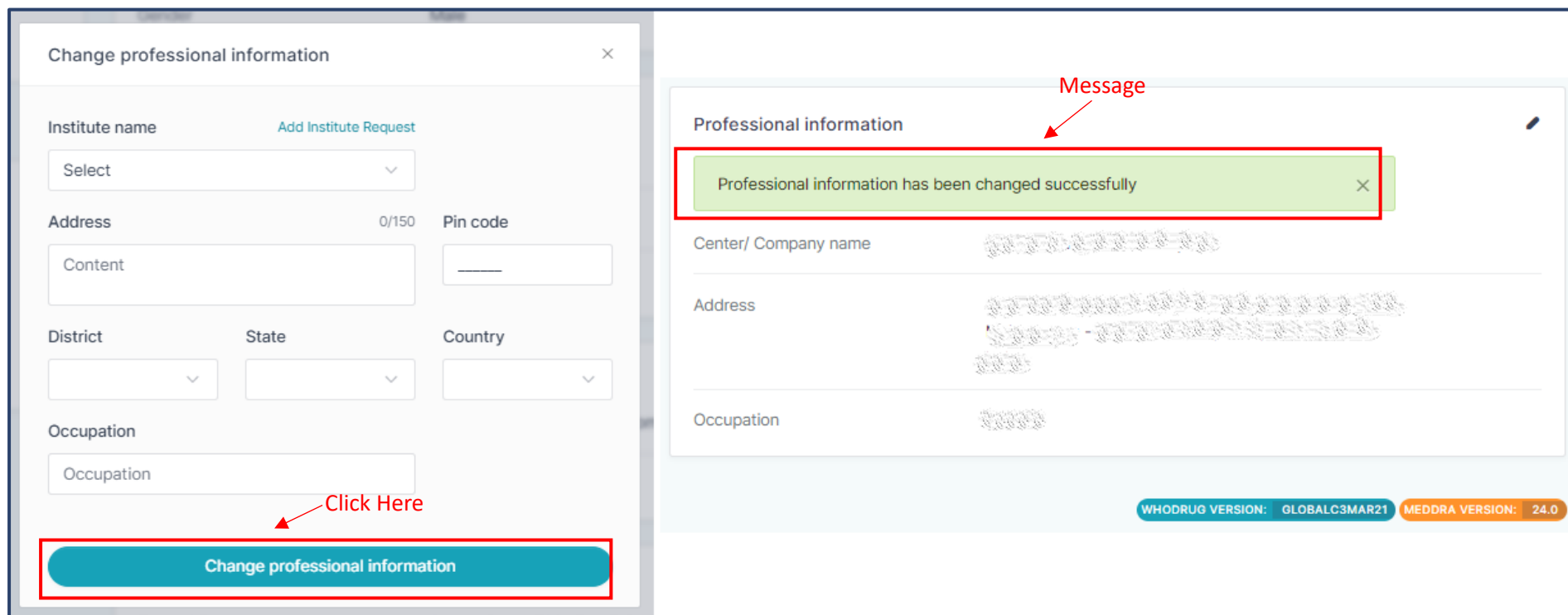
For change Professional information select any one institute name, write Occupation. All other field are automatically entered after select institute name.



Condition for Institute name: Please enter institute name, contain letters, numbers, spaces and special characters (./() -), and must not exceed 100 characters length

Condition for Occupation: Please select your occupation, contain letters, numbers, spaces and special characters (./() -), and must not exceed 50 characters length

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



This is simple two step to change professional information.

Following Table for Professional Profile field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of Professional	Yes:required
2	Last name	Last name of Professional	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 patient	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
Professional information			
12	Institute name	Select Institute name	Yes:required
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
17	Occupation	Select occupation	Yes:required

Table1: Professional Profile field list

4. Report Issue

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

The screenshot shows the user interface of the ADRMS - Indian Pharmacopoeia Commission. The top navigation bar is teal and contains the ADRMS-IPC logo (circled in red), the text "ADRMS - Indian Pharmacopoeia Commission", a notification bell, and the user profile "HEALTHCARE PROFESSIONAL". Below the navigation bar is a "Home" button. The main content area is titled "Dashboard" and features three cards: "Medicine/ Vaccine side effect reporting" (teal), "Report list" (white), and "Add Institute Request" (white). On the right side, a user profile dropdown menu is open, listing "Profile", "Settings", "Notifications", "Need help?", "Report issue" (highlighted with a red box and labeled "Click Here"), and "Sign out".

Report issue window

ADRMS - Indian Pharmacopoeia Commission

HEALTHCARE PROFESSIONAL

Home

Report issue

Issue type
Select

Describe your issue 0/255

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)
Choose file... Browse

Cancel Submit

Show 10 entries Excel PDF Search:

TICKET NO.	ISSUE TYPE	DESCRIPTION	FILE UPLOADED	STATUS	ADMIN REPLY
	Form related			Open	

Showing 1 to 1 of 1 entries

Previous 1 Next

In 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

[Placeholder]
▼

Describe your issue 0/255

[Placeholder]

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
I20210913	Form related	skin infection		● Open	
I2021089	Form related	ifection	↓	● Open	

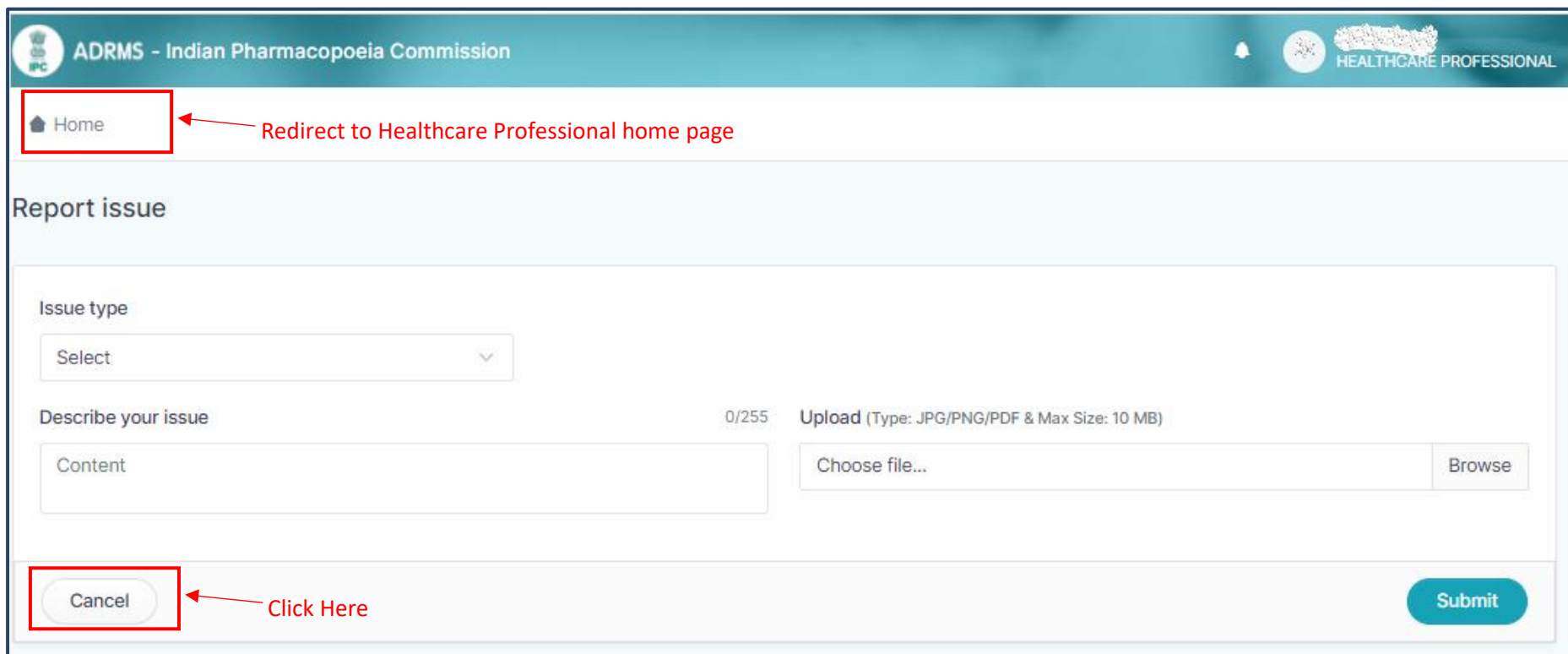
Showing 1 to 2 of 2 entries

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**. Healthcare Professional home page will open.



ADRMS - Indian Pharmacopoeia Commission

HEALTHCARE PROFESSIONAL

[Home](#) → Redirect to Healthcare Professional home page

Report issue

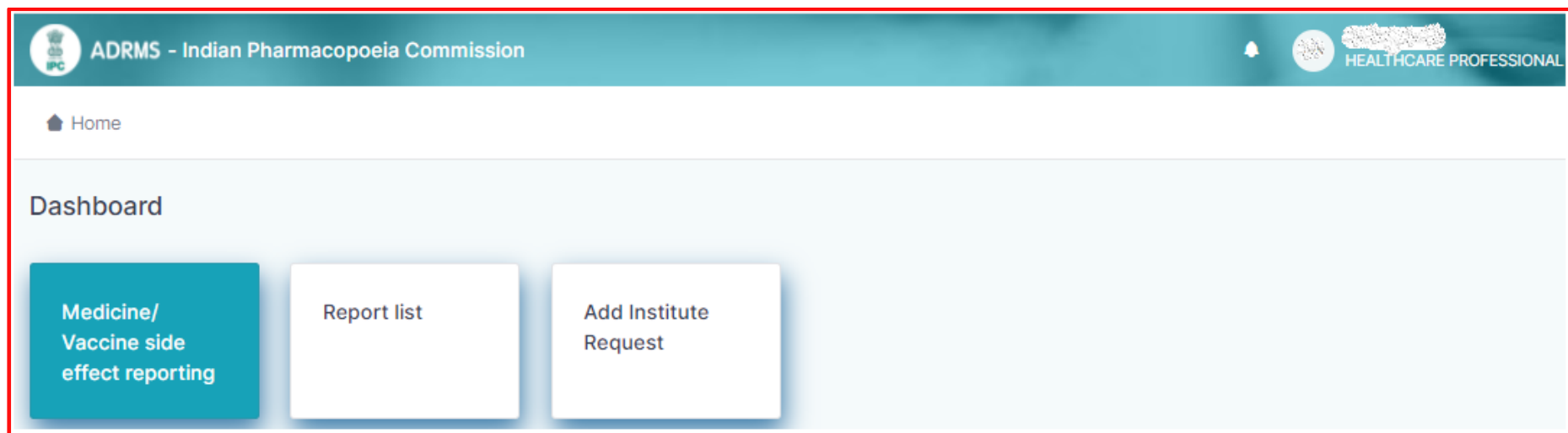
Issue type

Describe your issue 0/255

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

→ Click Here

Healthcare Professional home page



Following Table for Professional 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: Professional 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.

ADRMS - Indian Pharmacopoeia Commission

HEALTHCARE PROFESSIONAL

Home

Dashboard [Click Here](#)

Medicine/
Vaccine side
effect reporting

Report list

Add Institute
Request

Healthcare Professional home page

In report there are Initial details, patient details, Medical/Medication history, Test/Laboratory data with dates, Side effect details, Medicine/Vaccine taken/taking details, Upload relevant document these 7 sections are present.

I. Initial details

II. Patient details

III. Medical/Medication history

IV. Test/Laboratory data with dates

V. Side effect details

VI. Medicine/Vaccine taken/taking details

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

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

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

ADRMS - Indian Pharmacopoeia Commission

HEALTHCARE PROFESSIONAL

Home

Medicine/ Vaccine side effect report

I. Initial details

Is this a serious case? *

Yes

Seriousness reasons *

Life threatening
Results in death
Caused/ Prolonged hospitalization

Disabling/ Incapacitating
Congenital anomaly/birth defect

Other medically important condition

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

33

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

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. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details

II. Patient detail (a. General details): Record type **Registration**. Date of birth/Age **DOB**.

II. Patient details

a. General details

Record type

Registration
▼

Registration no. *

Auto created

First name

Last name

Initials ? *

Initials

Date of birth/ Age *

Date of birth
▼

Date of birth *

Gender *

Weight

kg

Address * 0/150

Pin code *

District *

State *

Country *

Mobile no.

Email address

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

*All fields marked with an asterisk * are mandatory*

In Patient details there are two details (General details & Habits details).

- a. **General details:** In General details select record type (Registration, OPD, IPD, CR options are available and after select these option Registration no., OPD no., IPD no., CR no. respective additional box will appear). Write First name, Last name, Select Date of birth, Select Gender(Female, Male, Transgender option are available), Write Weight, Address, Pin code, District, State, Country, Mobile no., Email address.

Following are the option for **Record type** and **Gender**:

The image shows two dropdown menus side-by-side. The first is labeled 'Record type' and has a dropdown arrow. Its menu is open, showing the following options: 'Select' (highlighted in blue), 'Registration', 'OPD', 'IPD', and 'CR'. The second is labeled 'Gender *' and also has a dropdown arrow. Its menu is open, showing the following options: 'Select', 'Female', 'Male', and 'Transgender' (highlighted in blue).

II. Patient detail (a. General details): Record type **Registration**. Date of birth/Age **Age**.

II. Patient details

a. General details

Record type

Registration
▼

Registration no. *

First name

Last name

Initials ? *

Initials

Date of birth/ Age *

Age
▼

Age *

Gender *

Select
▼

Gender *

Select
▼

Weight

kg

Address * 0/150

Pin code *

District *

▼

State *

▼

Country *

▼

Mobile no.

Email address

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

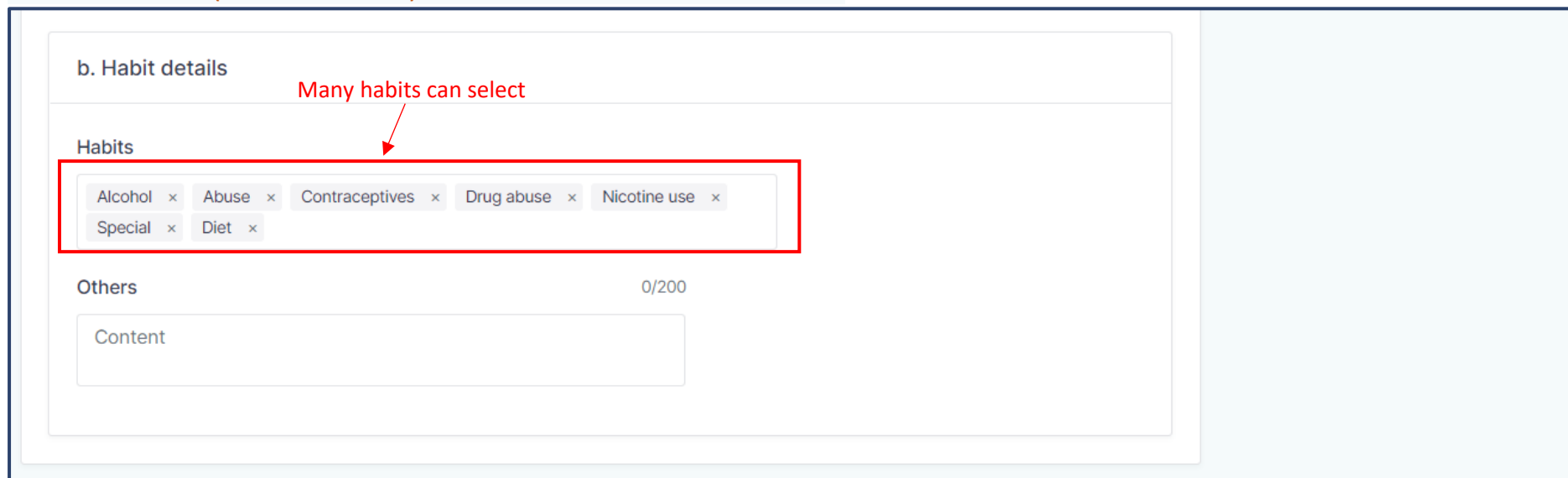
*All fields marked with an asterisk * are mandatory*

a. **General details:** In General details select Record type (Registration, OPD, IPD, CR options are available and after select Registration no., OPD no., IPD no., CR no. additional box will appear). Write First name, Last name, Select Age, Select Gender (Female, Male, Transgender option are available), Write Weight, Address, Pin code, District, State, Country, Mobile no., Email address.

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

Record type: In record type Registration, OPD, IPD, CR options are available and after select these option Registration no., OPD no., IPD no., CR no. respective additional box will appear.

II. Patient detail (b. Habit details): More than one Habits can select.



The screenshot displays a form titled "b. Habit details". Under the "Habits" section, there is a list of selectable options: Alcohol, Abuse, Contraceptives, Drug abuse, Nicotine use, Special, and Diet. Each option is enclosed in a small box with an 'x' icon for removal. A red box highlights this entire list, and a red arrow points to it with the text "Many habits can select". Below the "Habits" section is an "Others" section with a character count of "0/200" and a text input field labeled "Content".

In Habit details more than one habits can select and in Other write down if have any other habit.

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

III. Medical/ Medication history: Write Relevant medical/medication history.

III. Medical/ Medication history	
Relevant medical/ medication history ? <i>Write</i>	0/5000
<input type="text" value="Content"/>	

All fields marked with an asterisk * are mandatory

IV. Tests/ Laboratory data with dates: Write Relevant test/laboratory data with dates.

IV. Tests/ Laboratory data with dates	
Relevant tests/ laboratory data with dates <i>Write</i>	0/5000
<input type="text" value="Content"/>	

All fields marked with an asterisk * are mandatory

IV. Side effect details: Filled details and select correct option. Outcome **Recovering/Resolving**.

Select started date of side effect, started time and Outcome. Describe adverse event with treatment details

V. Side effect details

Started date * Started time

02 Sep, 2021 18:00

Outcome

Recovering/ Resolving

Describe adverse event with treatment details, if any * 0/5000

Content

Outcome: In outcome Recovered/Resolved, Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal, Recovered/Resolved with sequelae and Unknown these options are available. If select Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal & Unknown then no any additional box.

IV. Side effect details: Filled details and select correct option. Outcome Recovering/Resolving.

V. Side effect details

Started date *	Started time	
02 Sep, 2021 Select	18:00	
Outcome	Stopped date *	Stopped time
Recovered/ Resolved	Select	Select

Describe adverse event with treatment details, if any * 0/5000

Content

Outcome: In outcome Recovered/Resolved, Recovering/Resolving, Not recovered/Not resolved/ Ongoing, Fatal, Recovered/Resolved with sequelae and Unknown these options are available. *If select Recovered/Resolved & Recovered/Resolved with sequelae then additional box for Stopped date and Stopped time.*

VI. Medicine/Vaccine taking/taken details(a. Suspected medicine/Vaccine): Action taken **Drug withdrawn**. It given Therapy stopped date additional box.

VI. Medicine/ Vaccine taking/ taken details

a. Suspected medicine/ vaccine

Blank
Add

Medicine/ Vaccine name (Brand/ Generic) *

Indication * 0/200

Manufacturer name

Manufacturing license no.

Batch/ Lot no.

Expiry date

Dose used *

Route used

Frequency ? *

Therapy started date *

Action taken

Drug withdrawn

Therapy stopped date *

Causality assessment *

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

All fields marked with an asterisk * are mandatory

In Medicine/Vaccine taking/taken details there are three details (Suspected medicine/ vaccine, Concomitant medicine/ vaccine & Additional information).

Rout used: In rout used uricular(otic),Buccal,Cutaneous,Dental,Endocervical,Endosinusial,Endotracheal,Epidural,Extra-amniotic,Hemodialysis,Intra corpus cavernosum, Intra-amniotic like this 68 options are available.

In Suspected medicine/ vaccine write Medicine/Vaccine name, Indication, Manufacturer name, Manufacturing license no., Frequency Dose used, and Batch/Lot no. . Select Expiry date, Route used Therapy started date, Action taken, Therapy stopped date, Causality assessment.

Action Taken: In Action taken Drug withdrawn, Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable these option are available. If we select Drug withdrawn then **Therapy stopped date** additional box will appear.

Causality assessment: In Causality assessment Certain, Probable/Likely, Possible, Unlikely, Conditional/Unclassified, Unassessable/Unclassifiable these options are available.

VI. Medicine/Vaccine taking/taken details(a. Suspected medicine/Vaccine): Action taken **Dose reduced**.

a. Suspected medicine/ vaccine

Blank
Add

Medicine/ Vaccine name (Brand/ Generic) *

0/200

Indication *

Manufacturer name

Manufacturing license no.

Batch/ Lot no.

Expiry date

Dose used *

Route used

Buccal
Select
▼

Frequency ? *

Therapy started date *

Action taken

Dose reduced
▼

Causality assessment *

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

All fields marked with an asterisk * are mandatory

Action Taken: In Action taken Drug withdrawn, Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable these option are available. If we select Dose reduced, Dose increased, Dose not changed, Unknown, Not applicable then no any additional box will appear.

VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): Write all details of Suspected medicine/ vaccine
Click on **Add**, It added the details.

a. Suspected medicine/ vaccine Click here

Blank Add

Medicine/ Vaccine name (Brand/ Generic) *

Indication * 0/200

Manufacturer name **Manufacturing license no.**

Batch/ Lot no. **Expiry date**

Dose used * **Route used** **Frequency ? ***

Therapy started date * **Action taken**

Causality assessment *

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

*All fields marked with an asterisk * are mandatory*

In Suspected medicine/ vaccine write Medicine/Vaccine name, Indication, Manufacturer name, Manufacturing license no., Frequency Dose used, and Batch/Lot no. . Select Expiry date, Route used Therapy started date, Action taken, Therapy stopped date, Causality assessment.

VI. Medicine/ Vaccine taking/ taken details

a. Suspected medicine/ vaccine

Added Details

 Blank

Medicine/ Vaccine name (Brand/ Generic) *

Medicine/ Vaccine name

Indication *

0/200

Content

Manufacturer name

Manufacturer name

Manufacturing license no.

Manufacturing license no.

Batch/ Lot no.

Batch/ Lot no.

Expiry date

Select

Dose used *

Dose used

Route used

Select

Frequency *

Frequency

Therapy started date *

Select

Action taken

Select

Causality assessment *

Select

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

All fields marked with an asterisk * are mandatory

VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): It add Suspected medicine/ vaccine with Medicine/Vaccine name.

VI. Medicine/ Vaccine taking/ taken details

a. Suspected medicine/ vaccine

Added detail with Medicine Vaccine name

✕
Blank
🗑️
Add

Medicine/ Vaccine name (Brand/ Generic) *

Indication * 0/200

Manufacturer name **Manufacturing license no.**

Batch/ Lot no. **Expiry date**

Dose used * **Route used** **Frequency ***

Therapy started date * **Action taken**

Causality assessment *

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

All fields marked with an asterisk * are mandatory

VI. Medicine/Vaccine taken/taking details (a. Suspected medicine/ vaccine): Click on **Delete link**. It remove blank Suspected medicine/ vaccine blank form.

VI. Medicine/ Vaccine taking/ taken details

a. Suspected medicine/ vaccine

Blank
✖
Add

Delete Blank form

Blank medicine/vaccine taken/taking details form

Medicine/ Vaccine name (Brand/ Generic) *

Medicine/ Vaccine name

Indication * 0/200

Content

Manufacturer name

Manufacturer name

Manufacturing license no.

Manufacturing license no.

Batch/ Lot no.

Batch/ Lot no.

Expiry date

Select

Dose used *

Dose used

Route used

Select v

Frequency *

Frequency

Therapy started date *

Select

Action taken

Select v

Causality assessment *

Select v

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

All fields marked with an asterisk * are mandatory

a. Suspected medicine/ vaccine

Remove Blank form

Add

Medicine/ Vaccine name (Brand/ Generic) *

Indication * 9/200

Manufacturer name Manufacturing license no.

Batch/ Lot no. Expiry date

Dose used * Route used Frequency ? *

Therapy started date * Action taken Therapy stopped date *

Causality assessment *

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

*All fields marked with an asterisk * are mandatory*

VI. Medicine/Vaccine taking/taken details(b. Concomitant medicine/ vaccine): Write all Details and Select correct option. Click on **Add**. Details are added with medicine/vaccine name.

In Concomitant medicine/vaccine form write Medicine/Vaccine name, Indication, Dose used, Frequency and select Route used, Therapy started date, Therapy stopped date.

b. Concomitant medicine/ vaccine

Blank **Add** Click Here

Medicine/ Vaccine name (Brand/ Generic)

Indication 0/200

Dose used Route used Frequency ?

Therapy started date Therapy stopped date

details


- VII. Upload relevant document


*All fields marked with an asterisk * are mandatory*

Rout used: In rout used uricular(otic), Buccal, Cutaneous, Dental, Endocervical, Endosinusial, Endotracheal, Epidural, Extra-amniotic, Hemodialysis, Intra corpus cavernosum, Intra-amniotic like this 68 options are available.

b. Concomitant medicine/ vaccine

Added with Concomitant medicine/vaccine name





Medicine/ Vaccine name (Brand/ Generic)

Indication 0/200

Dose used

Route used

Frequency

Therapy started date

Therapy stopped date

- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

*All fields marked with an asterisk * are mandatory*

VI. Medicine/Vaccine taking/taken details(b. Concomitant medicine/ vaccine): Click on **Delete sign** it will remove blank form.

b. Concomitant medicine/ vaccine

Blank

Add

Click here

Medicine/ Vaccine name (Brand/ Generic)

Indication 0/200

Dose used

Route used

Frequency

Therapy started date

Therapy stopped date

- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

*All fields marked with an asterisk * are mandatory*

b. Concomitant medicine/ vaccine



Remove Blank form

Add

Medicine/ Vaccine name (Brand/ Generic)

[Redacted]

Indication

9/200

[Redacted]

Dose used

[Redacted]

Route used

[Redacted]



Frequency ?

[Redacted]

Therapy started date

[Redacted]

Therapy stopped date

[Redacted]

VI. Medicine/Vaccine taking/taken details(c. Additional information): Write additional information if available.

c. Additional information

Additional information 0/2000

Content

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

Next - Preview & Submit

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

Home

Medicine/ Vaccine side effect report - Review & Submit

I. Initial details	
Is this a serious case?	<input type="checkbox"/>
Seriousness reasons	<input type="text" value=""/>

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details

b. Habit details	
Habits	सिगरेट, शराब
Others	नहीं
III. Medical/ Medication history	
Relevant medical/ medication history	नहीं
IV. Tests/ Laboratory data with dates	
Relevant tests/ laboratory data with dates	

V. Side effect details	
Started date	2020-08-01
Started time	10:00
Outcome	सुनिश्चित रूप से
Stopped date	2020-08-01
Stopped time	10:00
Describe adverse event with treatment details, if any	नहीं

VI. Medicine/ Vaccine taking/ taken details	
a. Suspected medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	[REDACTED]
Indication	[REDACTED]
Manufacturer name	[REDACTED]
Manufacturing license no.	[REDACTED]
Batch/ Lot no.	[REDACTED]
Expiry date	[REDACTED]
Dose used	[REDACTED]
Route used	[REDACTED]
Frequency	[REDACTED]
Therapy started date	[REDACTED]
Action taken	[REDACTED]
Therapy stopped date	
Reaction reappeared after reintroduction	
Dose	
Causality assessment	[REDACTED]

b. Concomitant medicine/ vaccine		
1.		
Medicine/ Vaccine name (Brand/ Generic)	१२३४५६	
Indication	७८९०१२	
Dose used	३४५६	
Route used	७८९०१२३४	
Frequency	५६	
Therapy started date	१२/३४/५६७८	
Therapy stopped date	९०/१२/३४५६७८	
c. Additional information		
Additional information	९०१२	

VII. Upload relevant document	
Document title	
Upload document	

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

Designed, Developed & Maintained by C-DAC .

WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

Go to back page



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

VII. Upload relevant document	
Document title	
Upload document	

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

Designed, Developed & Maintained by C-DAC .

WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

Click here



Window of submitted report

ADRMS - Indian Pharmacopoeia Commission

HEALTHCARE PROFESSIONAL

Home

Medicine/ Vaccine side effect report

FORM NO.: ADRMS/PvPI/HP/2021/2, SUBMITTED ON: 10 September 2021, STATUS: ● Submitted

I. Initial details

Is this a serious case?	<input type="checkbox"/>
Seriousness reasons	<input type="text"/>

ON THIS PAGE

- I. Initial details
- II. Patient details
- III. Medical/ Medication history
- IV. Tests/ Laboratory data with dates
- V. Side effect details
- VI. Medicine/ Vaccine taken/ taking details
- VII. Upload relevant document

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

II. Patient details	
a. General details	
Record type	00
Record no.	0000
First name	0000
Last name	000
Initials	00
Date of birth/ Age	000
Date of birth	
Age	0000
Gender	000
Weight	0000
Address	00000000000000000000
Pin code	0000
District	000000
State	0000
Country	000000
Mobile no.	
Email address	

b. Habit details	
Habits	१२३४५६७८९१०
Others	१२३४
III. Medical/ Medication history	
Relevant medical/ medication history	१२३४
IV. Tests/ Laboratory data with dates	
Relevant tests/ laboratory data with dates	

V. Side effect details	
Started date	१२/३४/५६
Started time	७८९
Outcome	१२३४५६७८९१०
Stopped date	१२/३४/५६
Stopped time	७८९
Describe adverse event with treatment details, if any	१२३

VI. Medicine/ Vaccine taking/ taken details	
a. Suspected medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	डॉ. डी. डी.
Indication	डॉ. डी. डी.
Manufacturer name	डॉ. डी. डी.
Manufacturing license no.	डॉ. डी. डी.
Batch/ Lot no.	डॉ. डी. डी.
Expiry date	डॉ. डी. डी.
Dose used	डॉ. डी. डी.
Route used	डॉ. डी. डी.
Frequency	डॉ. डी. डी.
Therapy started date	डॉ. डी. डी.
Action taken	डॉ. डी. डी.
Therapy stopped date	
Reaction reappeared after reintroduction	
Dose	
Causality assessment	डॉ. डी. डी.

b. Concomitant medicine/ vaccine	
1.	
Medicine/ Vaccine name (Brand/ Generic)	XXXX
Indication	XXXX
Dose used	XXXX
Route used	XXXXXX
Frequency	X
Therapy started date	XXXXXX
Therapy stopped date	XXXXXX
c. Additional information	
Additional information	XXXX

VII. Upload relevant document	
Document title	
Upload document	

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

Following Table for Professional 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(a.General details)			
3	Record type	Select record type	No:Not required
4	First name	First name of patient	Yes:required
5	Last name	Last name of patient	Yes:required
6	Initials	First & last name intial is auto generated	Yes:required
7	Date of birth	Select DOB	Yes:required
8	Age	Select unit and enter age	Yes:required
9	Gender	Select gender of patient	Yes:required
10	Weight	Enter in Kg	No:Not required
11	Address	Write area name	Yes:required
12	Pin code	Valid 6 digit pin code	Yes:required
13	District	Auto select	Yes:required
14	State	Auto select	Yes:required
15	Country	Auto select	Yes:required
16	Mobile no.	10 digit mobile number and should unique	No:Not required
17	Email address	valid email address & should unique	No:Not required
II.Patient details(b.Habit details)			
18	Habits	Select habits as many you have	No:Not required
19	Other	Write other habit if have within 200 char length	No:Not required
III. Medical/ Medication history			
20	Relevant history?	Write history within 5000 char length	No:Not required
IV. Tests/ Laboratory data with dates			

21	Relevant data with dates	Write dates within 5000 char length	No:Not required
V. Side effect details			
22	Started date	Select side effect start date	Yes:required
23	Started time	Select side effect time	No:Not required
24	Outcome	Select any one	No:Not required
25	Describe adverse details, if any	Write within 5000 char length	Yes:required
VI. Medicine/ Vaccine taking/ taken details(a.Suspected Medicine/Vaccine)			
26	Medicine/ Vaccine name (Brand)	Write name within 100 char length	Yes:required
27	Indication	Write indication within 200 char length	Yes:required
28	Manufacturer name	Write manufacturer name	No:Not required
29	Manufacturing license no.	Write license no.	No:Not required
30	Batch/Lot no.	Write Medicine/Vaccine batch no.	No:Not required
31	Expiry date	Select date from calender	No:Not required
32	Dose used	Name of Dose	Yes:required
33	Route used	Who advised to take this dose	No:Not required
34	Frequency	Enter within 50 char length	Yes:required
35	Therapy started date	Select date from calender	Yes:required
36	Action taken	Select action like dose increase/decrease	No:Not required
37	Therapy stopped date	Select date from calender	Yes:required
38	Reaction reappeared after reintroduction	Select Yes or No	Yes:required
39	Causality assessment	Select any one	Yes:required
VI. Medicine/ Vaccine taking/ taken details(b.Concomitant medicine/Vaccine)			
40	Medicine/ Vaccine name (Brand)	Write name of Medicine/Vaccine	No:Not required
41	Indication	Write Symptom within 200 char length	No:Not required
42	Dose used	Name of Dose	No:Not required
43	Route used	Who advised to take this dose	No:Not required
44	Frequency	Enter within 50 char length	No:Not required
45	Therapy started date	Select date from calender	No:Not required

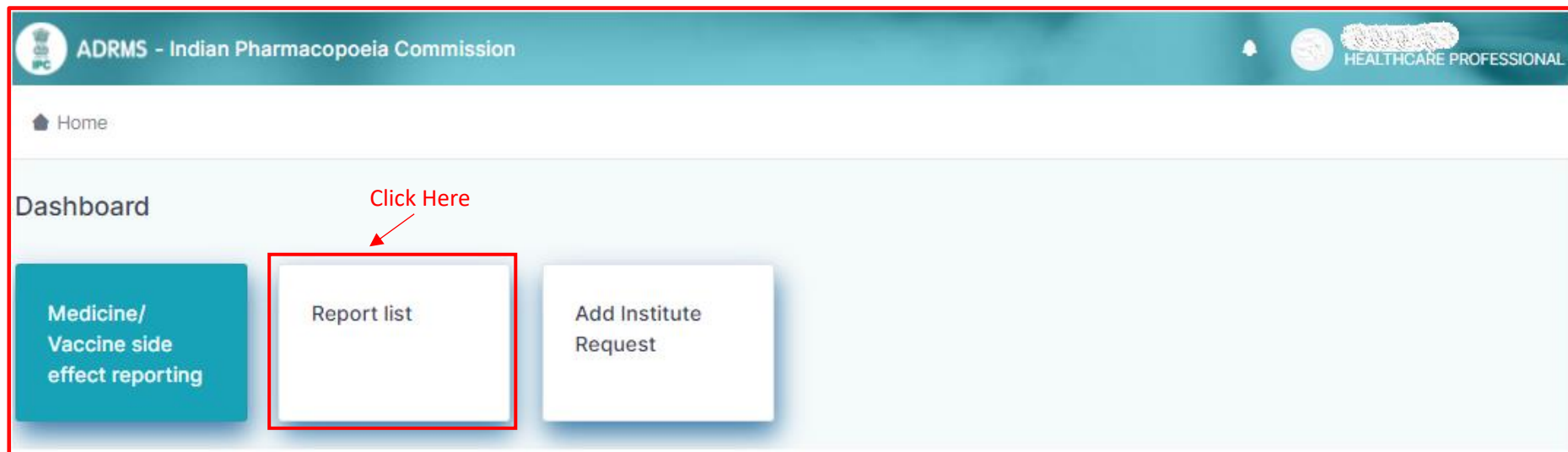
46	Therapy stopped date	Select date from calender	No:Not required
VI. Medicine/ Vaccine taking/ taken details(c.Additional information)			
47	Additional information	Write within 2000 char length	No:Not required
VII. Upload relevant document			
48	Document title	Write document name	No:Not required
49	Upload document	Doc format is JPG/PDF/MP4 & Max size:10MB	No:Not required

Table3: Professional Medicine/Vaccine side effect report field list

6. Report List



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



Healthcare Professional home page

New window of submitted report list

ADRMS - Indian Pharmacopoeia Commission

Home

Reporting list

Show 10 entries Search:

FORM NO.	MEDICAL PRODUCT	TRANSACTION DATE	STATUS	
ADRMS/PvPI/HP/2021/2	Medicine/ Vaccine	10 September 2021	Submitted	
	Medicine/ Vaccine	24 August 2021	Draft	
	Medicine/ Vaccine	24 August 2021	Draft	

Showing 1 to 3 of 3 entries

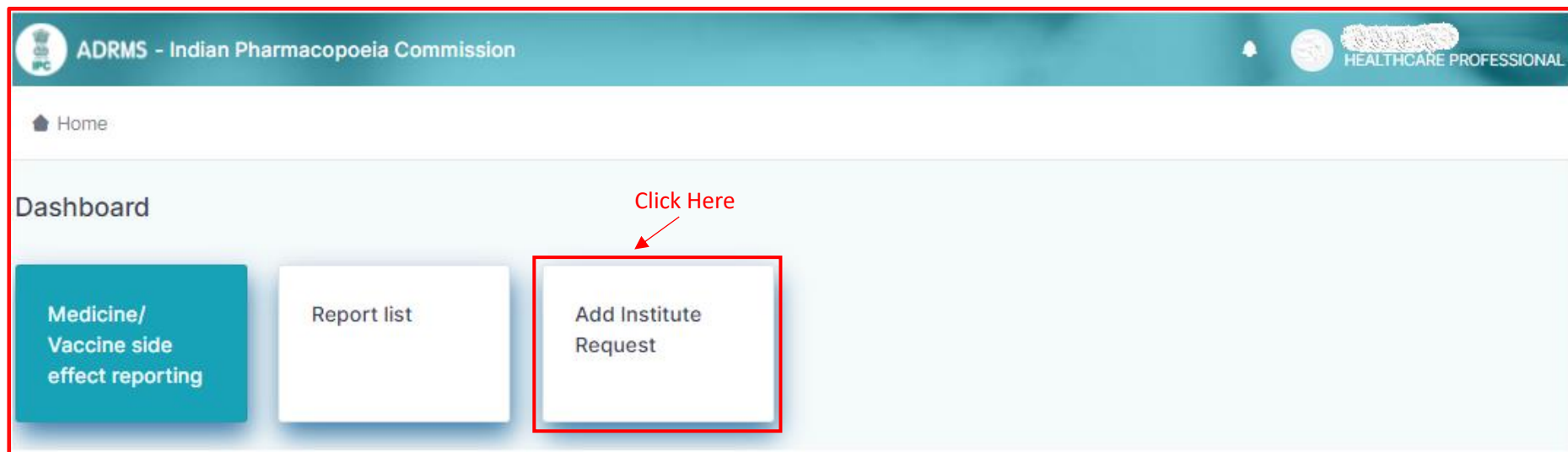
Previous **1** Next

Search Box: Can search particular report from report list by writing any column data.

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. In medical product column showing report related to Medicine/Vaccine. Transaction date column showing date of report submission or date of report fill. By using eye sign we can see submitted report form. The second and third report status is Draft means these form are not submitted so you can edit by clicking on edit sign and then submit or it can remove by clicking on delete sign. *This is simple one step to see the report list.*

7. Add Institute Request

Step 1: Click on **Add Institute Request**. A new window of submitted Request list and blank form will open.



Healthcare Professional home page

ADRMS - Indian Pharmacopoeia Commission HEALTHCARE PROFESSIONAL

Home

Add Institute Request

Institute name

Institute type

Institute category

Address **Pin code**

District **State** **Country**

Phone no. **Email address**

Show entries

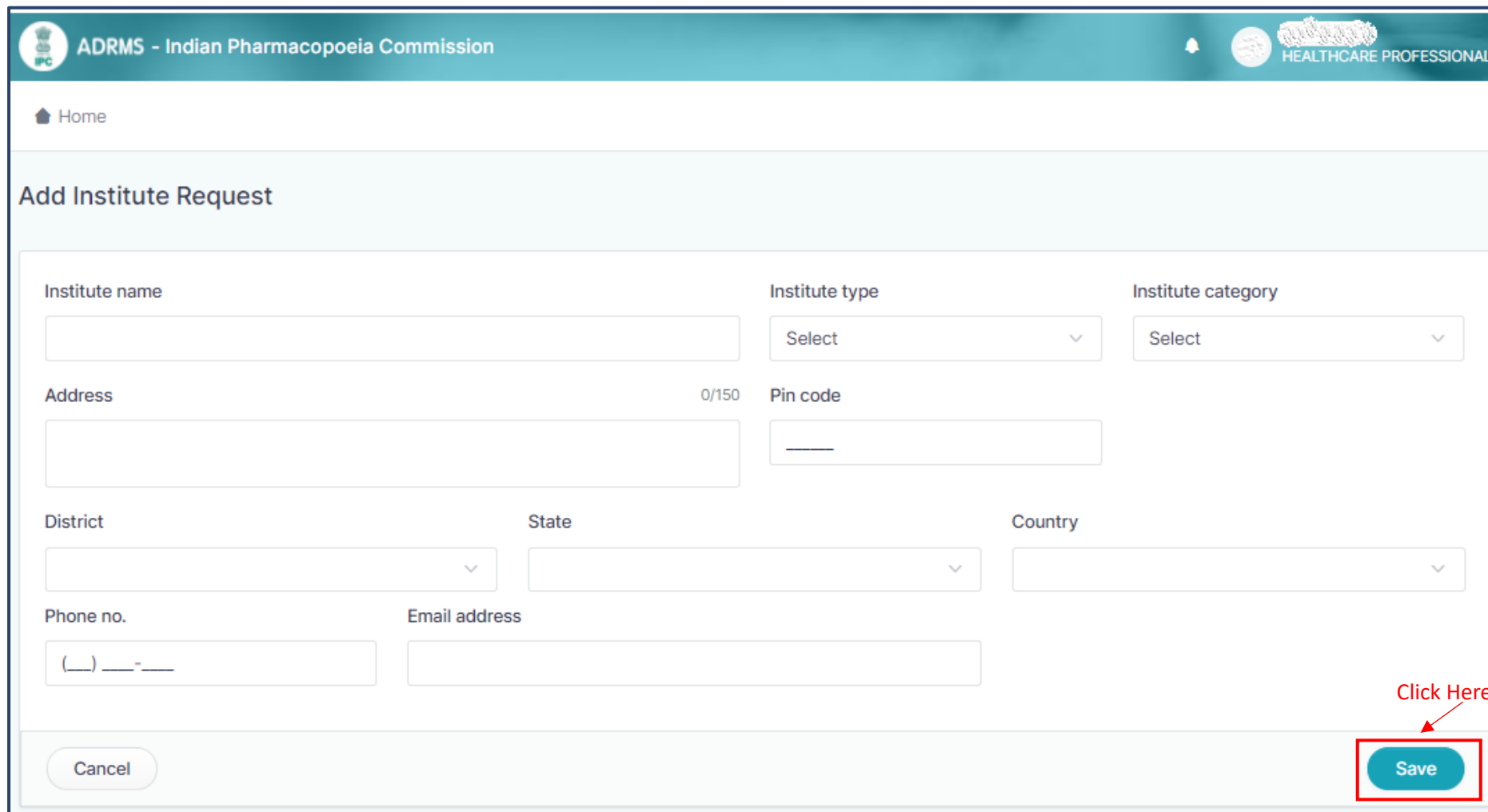
INSTITUTE NAME	TYPE	CATEGORY	DISTRICT	STATE	COUNTRY	CREATED ON	STATUS		
██████████	Institute	Private	East Delhi	Delhi	India	09/10/2021	● Approval Pending	<input type="button" value="edit"/>	<input type="button" value="delete"/>
██████████	Hospital	Private	East Delhi	Delhi	India	08/24/2021	● Approval Pending	<input type="button" value="edit"/>	<input type="button" value="delete"/>

Showing 1 to 2 of 2 entries

Previous Next

Step 2: Write all details & click on **Save**. In Request list saved Institute Request will add.

Write Institute name, Address, Pin code, Phone no. & Email address. Select Institute type, Institute category, District, State & Country.



The screenshot shows the 'Add Institute Request' form in the ADRMS - Indian Pharmacopoeia Commission system. The form is titled 'Add Institute Request' and contains the following fields:

- Institute name:** A text input field.
- Institute type:** A dropdown menu with 'Select' as the current value.
- Institute category:** A dropdown menu with 'Select' as the current value.
- Address:** A text input field with a character count of '0/150'.
- Pin code:** A text input field with a placeholder '_____'. There is a small error message 'Please enter a valid pin code' below the field.
- District:** A dropdown menu.
- State:** A dropdown menu.
- Country:** A dropdown menu.
- Phone no.:** A text input field with a placeholder '() - - - -'.
- Email address:** A text input field.

At the bottom of the form, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red box, and a red arrow points to it with the text 'Click Here'.

Condition of Institute name: Enter name of the institution, contain letters, numbers, spaces and special characters (./()&-), and must not exceed 100 characters length.

Condition of Address: Enter address, contain letters, numbers, spaces and special characters (./;:"'()&-), and must not exceed 150 characters length.

Following given options for **Institute type** and **Institute category**:

Institute type	Institute category
Institute	Select
Select	Select
Company	Autonomous
Hospital	Government
Institute	Private
Medical College	Semi Government

Institute name

Institute type

Institute category

Address 0/150

Pin code

District

State

Country

Phone no.

Email address

Show entries

Search:

INSTITUTE NAME	TYPE	CATEGORY	DISTRICT	STATE	COUNTRY	CREATED ON	STATUS	
	Institute	Private	East Delhi	Delhi	India	09/10/2021	● Approval Pending	
	Hospital	Private	East Delhi	Delhi	India	08/24/2021	● Approval Pending	
	Company	Private	East Delhi	Delhi	India	08/24/2021	● Approval Pending	

Showing 1 to 3 of 3 entries

Previous 1 Next

Saved Institute Request

In list of request list we can see all saved (from 1 to 1000) request list. Also can download this list in PDF or Excel format. In request list there is display entered Institute name, Selected Institute type, Institute category, District, State & Country.

Created On column showing date of report saved. Report status is showing Approval pending and also these form can edit by clicking on edit link(sign) or it can remove by clicking on delete link(sign).

Search Box: Can search any particular institute request from request list any column data.

These simple two step to add Institute request.

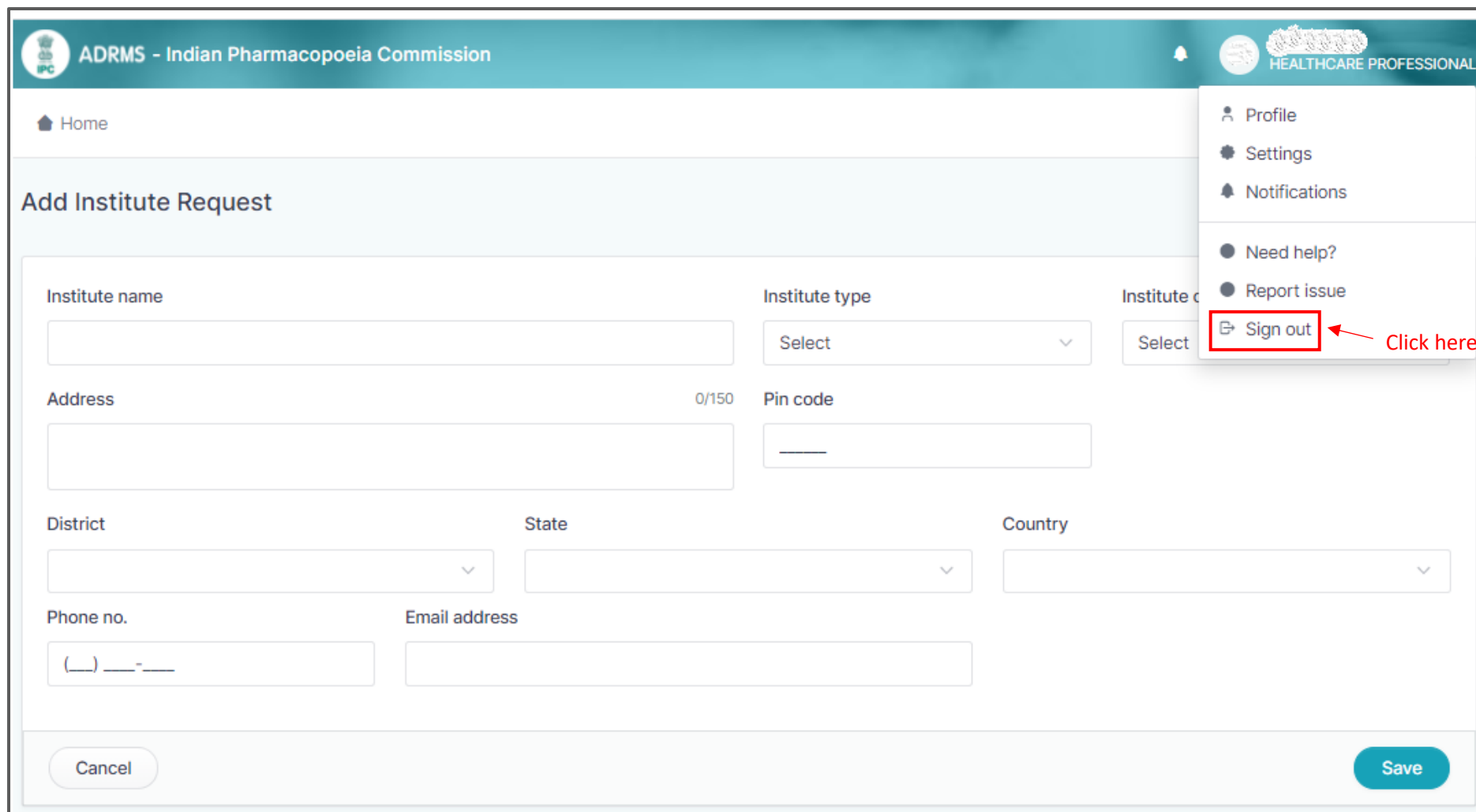
Following Table for Add institute request field list:

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

Table4: Add institute request field list

8. How to Sign Out

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



The screenshot shows the ADRMS - Indian Pharmacopoeia Commission website. The header includes the logo and the text "ADRMS - Indian Pharmacopoeia Commission" on the left, and a user profile icon with the text "HEALTHCARE PROFESSIONAL" on the right. Below the header is a navigation bar with a "Home" link. The main content area is titled "Add Institute Request" and contains a form with the following fields:

- Institute name: Text input field
- Institute type: Dropdown menu with "Select" and a downward arrow
- Institute c: Dropdown menu with "Select" and a downward arrow
- Address: Text input field with a character count of "0/150"
- Pin code: Text input field
- District: Dropdown menu
- State: Dropdown menu
- Country: Dropdown menu
- Phone no.: Text input field with a placeholder "() - -"
- Email address: Text input field

At the bottom of the form are two buttons: "Cancel" and "Save". A user profile dropdown menu is open on the right side of the page, listing the following options:

- Profile
- Settings
- Notifications
- Need help?
- Report issue
- Sign out** (highlighted with a red box and a red arrow pointing to it with the text "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

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 pop-up 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.

The image shows two overlapping windows. The left window is titled "Feedback form" and contains the following fields: "Feedback type" with radio buttons for "Comments", "Suggestions", and "Questions"; "Describe your feedback" with a text area and a character count of "0/255"; "Mobile no." with a text input field; and "One Time Password" with a text input field and a "GET OTP" button. A red box highlights the "Share feedback" button at the bottom, with an arrow pointing to it and the text "Click here". The right window is titled "Sign in" and contains the following fields: "Username/ Mobile no." with a text input field; "Password" with a text input field, a "I forgot password" link, and a visibility toggle; a checked checkbox for "Remember me on this device"; and a "Sign in" button. A red box highlights the entire sign-in window, with an arrow pointing to it from the text "Sign in window (or ADRMS home page)".

These are simple three step to sign out.