ADRMS

(Adverse Drugs Reaction Monitoring System)

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

ACCOUNT TYPE IS PROGRAMME COORDINATOR

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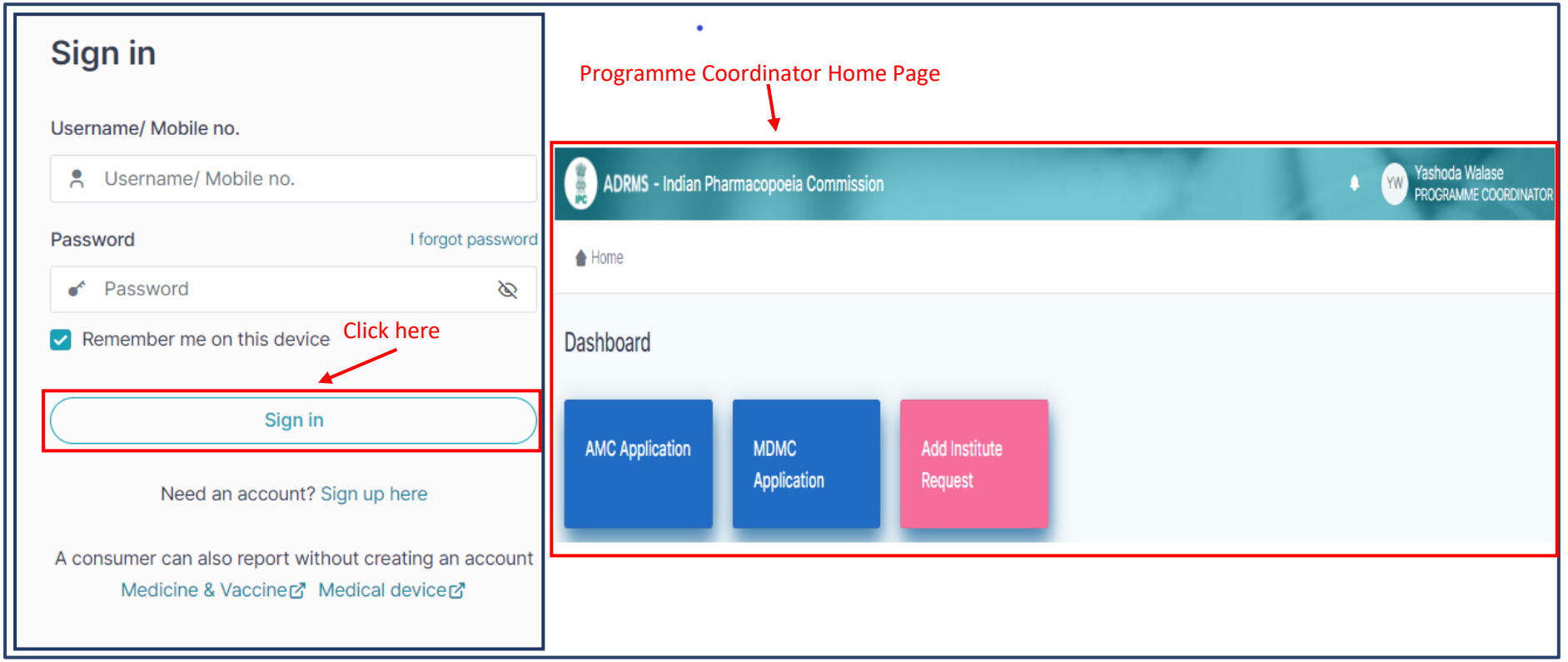
1. How to Sign In

Step 1: Enter Username or Mobile no. and Password. Click on Sign in. Programme Coordinator home page will open.



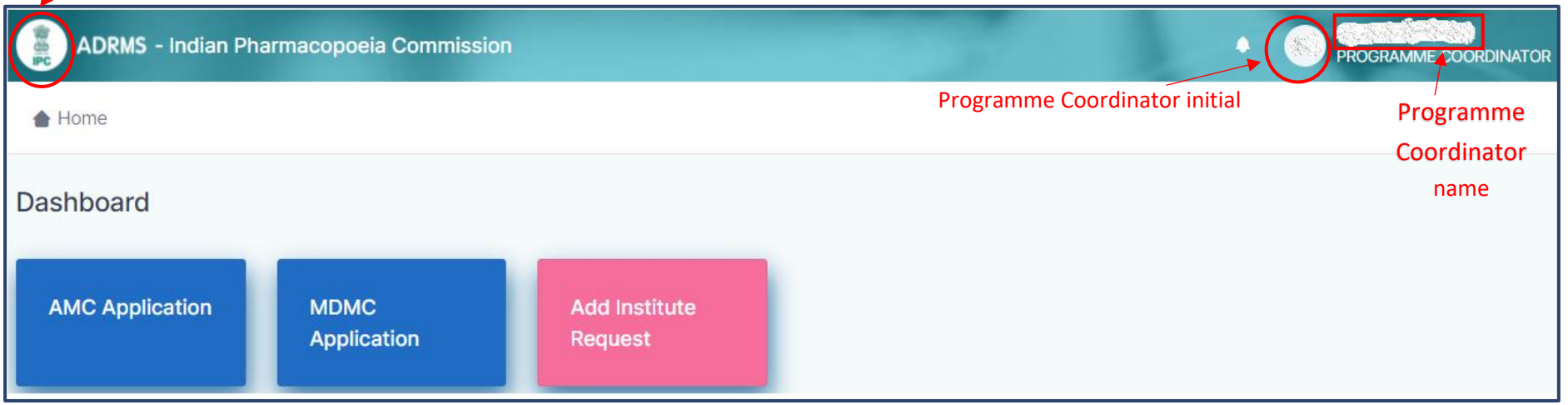
2. Programme Coordinator Home Page

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

Dashboard AMC and MDMC both are the application form which can be edit and save. Programme Coordinator can Add Institute Request.

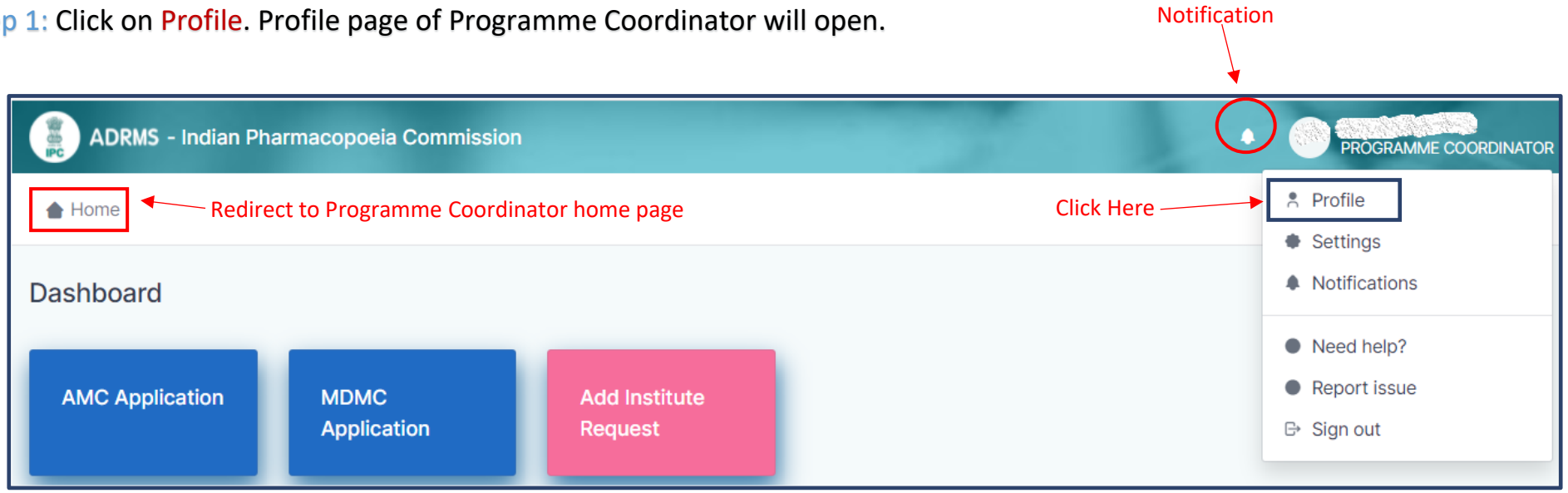
URL: https://adrmsipc.in/adrms/dashboard.html

ADRMS IPC Clickable Logo

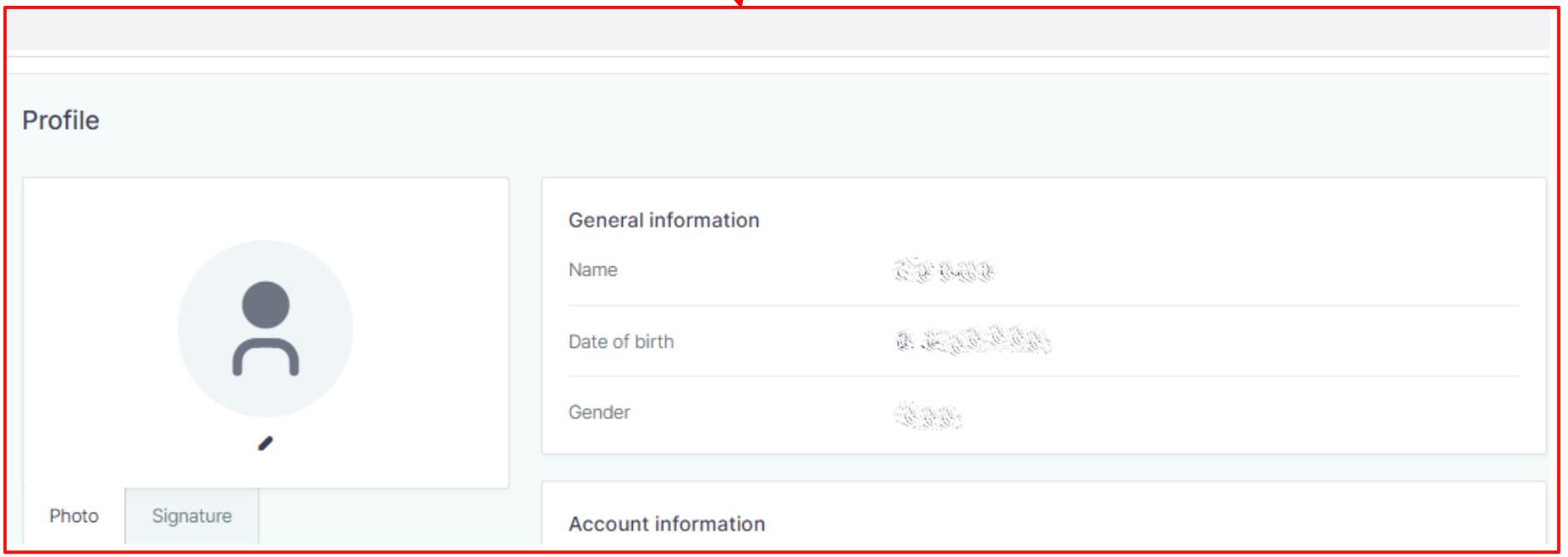


3. Profile

Step 1: Click on Profile. Profile page of Programme Coordinator will open.



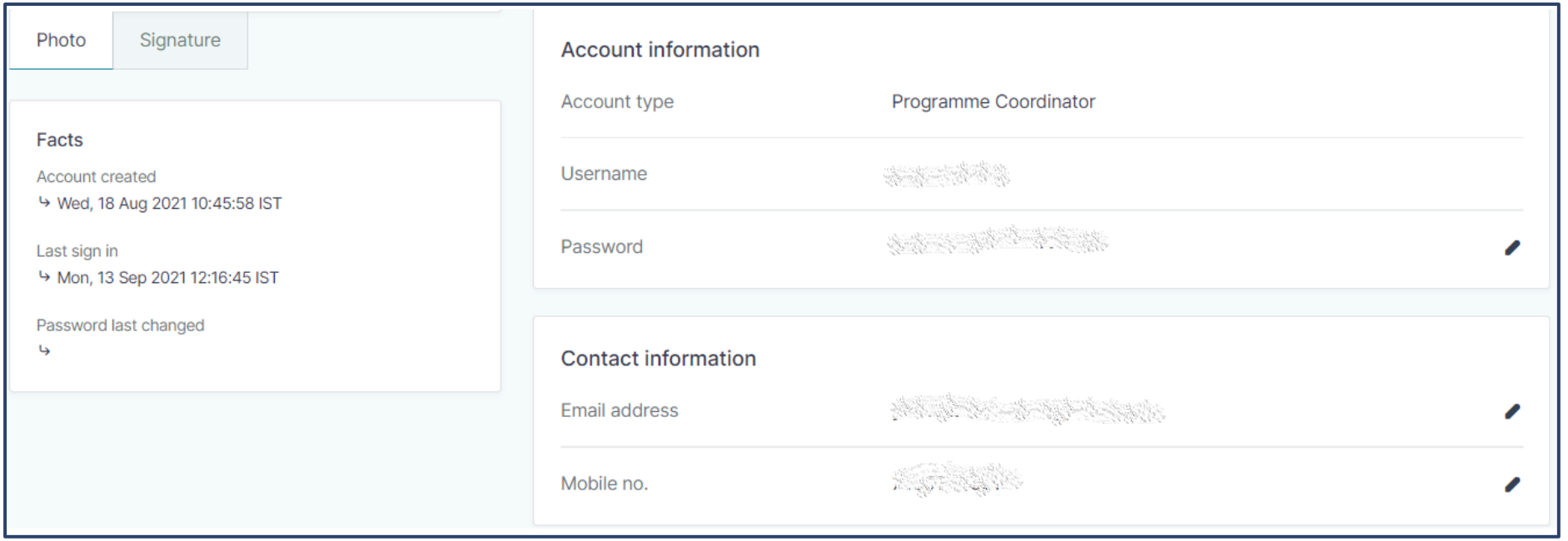
Profile page of Healthcare Professional



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

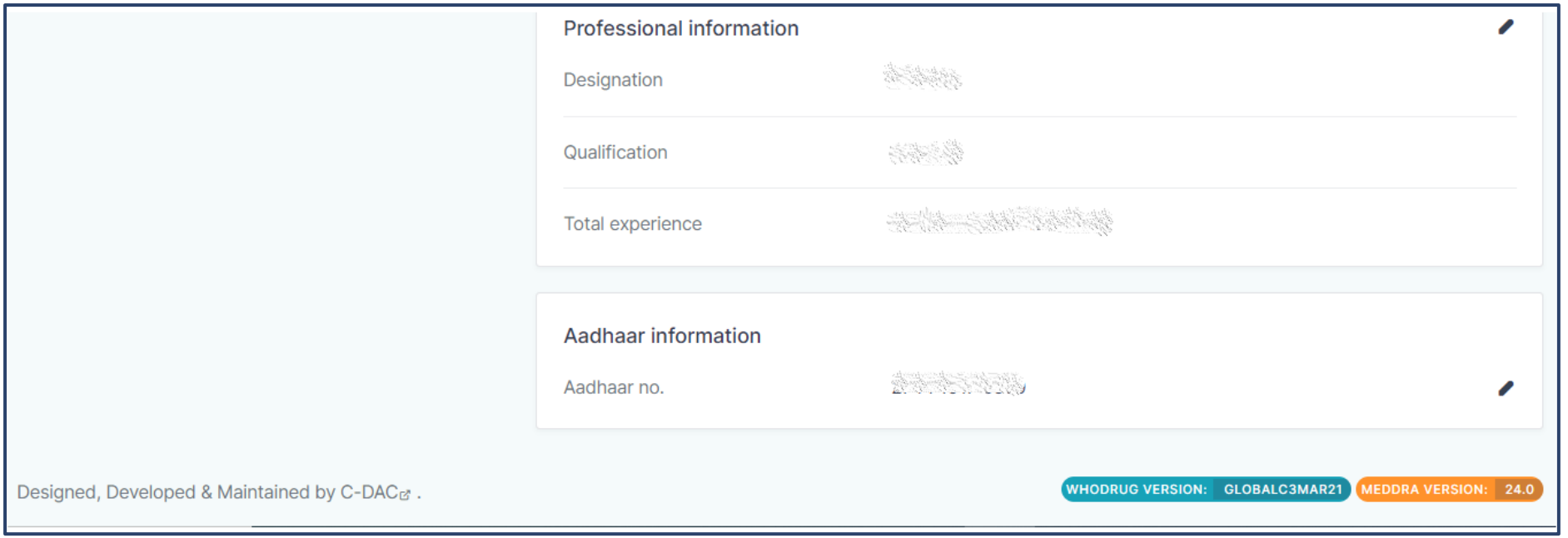
General information contains a name, date of birth and gender of Programme Coordinator.

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



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 contains Designation, qualification, Total experience. Here we can edit all fields.

Aadhaar information contains of only one field and that is Aadhaar no. and it can be edit.

A. Change Account Information

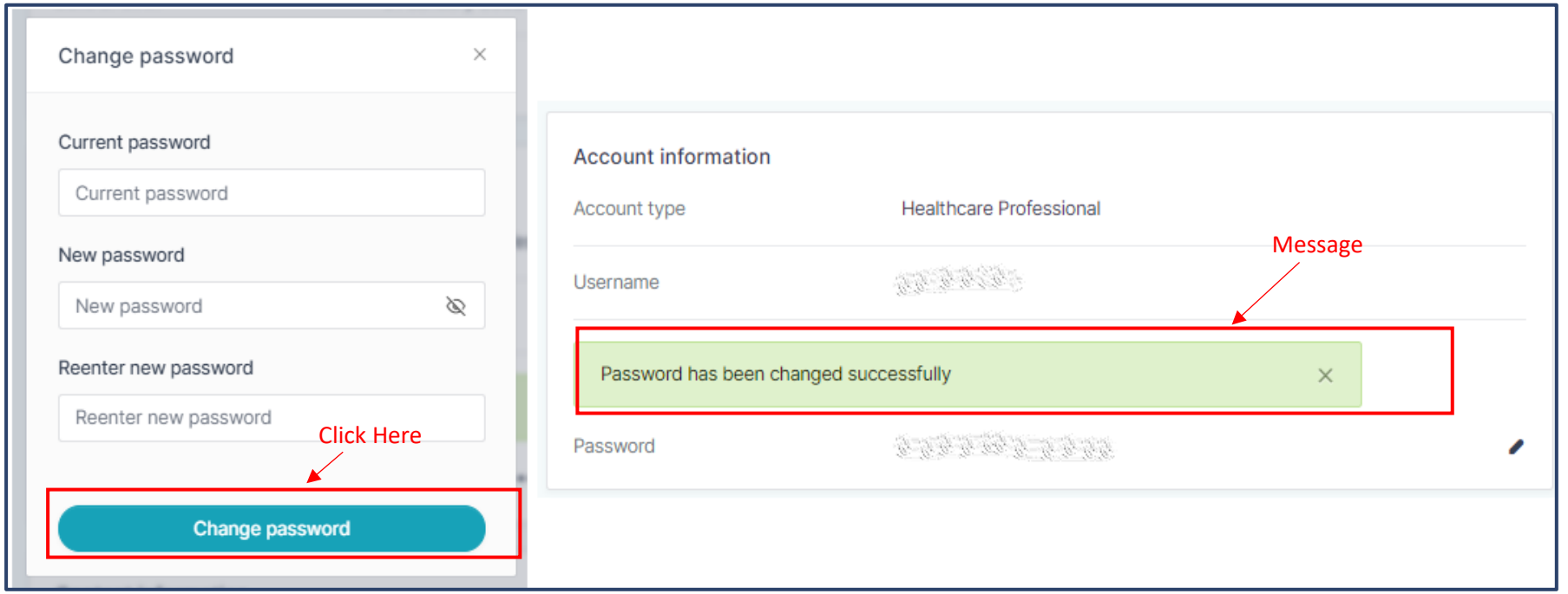
I. Change Password

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.

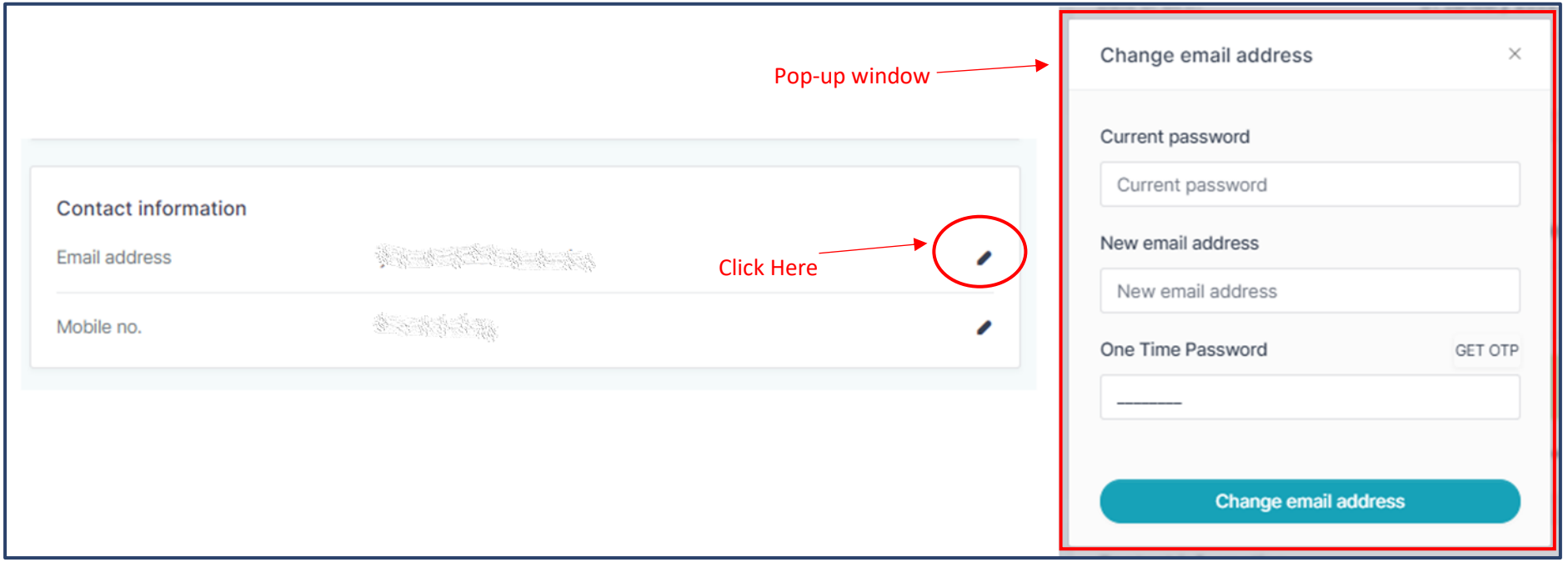


B. Change Contact Information

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 send by ADRMS after click on GET OTP.

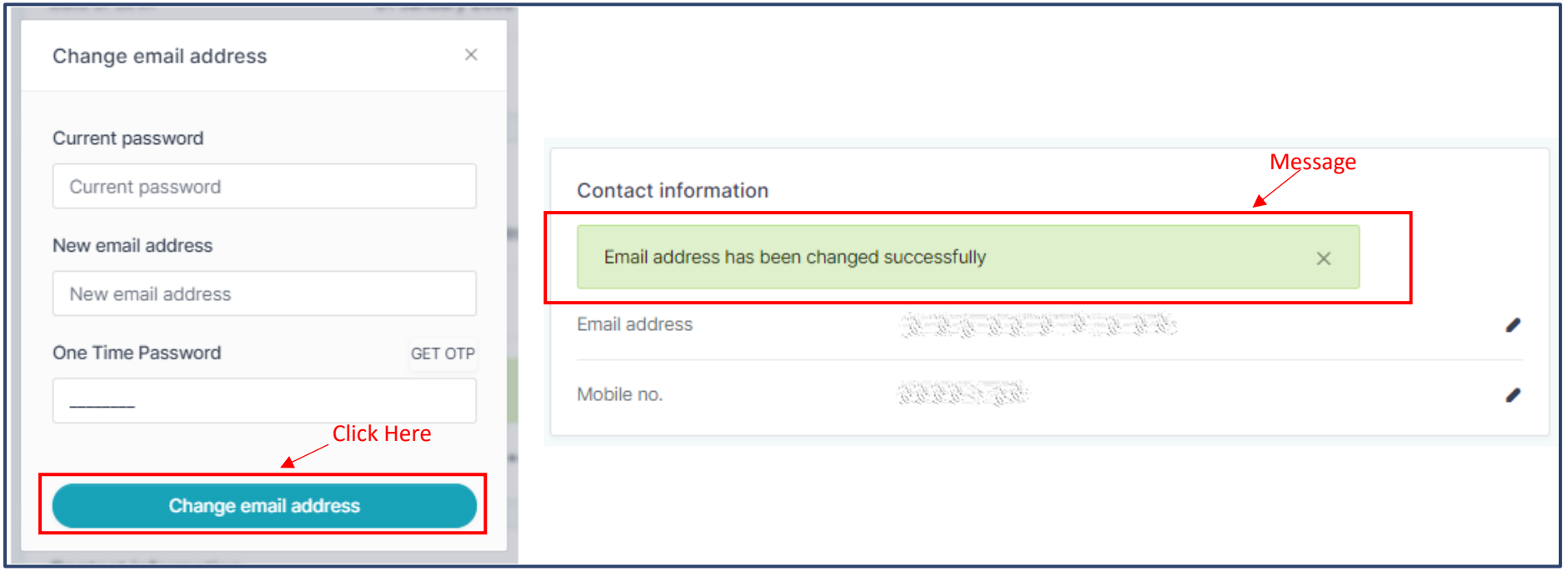


Condition for new email Address: enter a valid email address, this email address must not exist already in our system.

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.

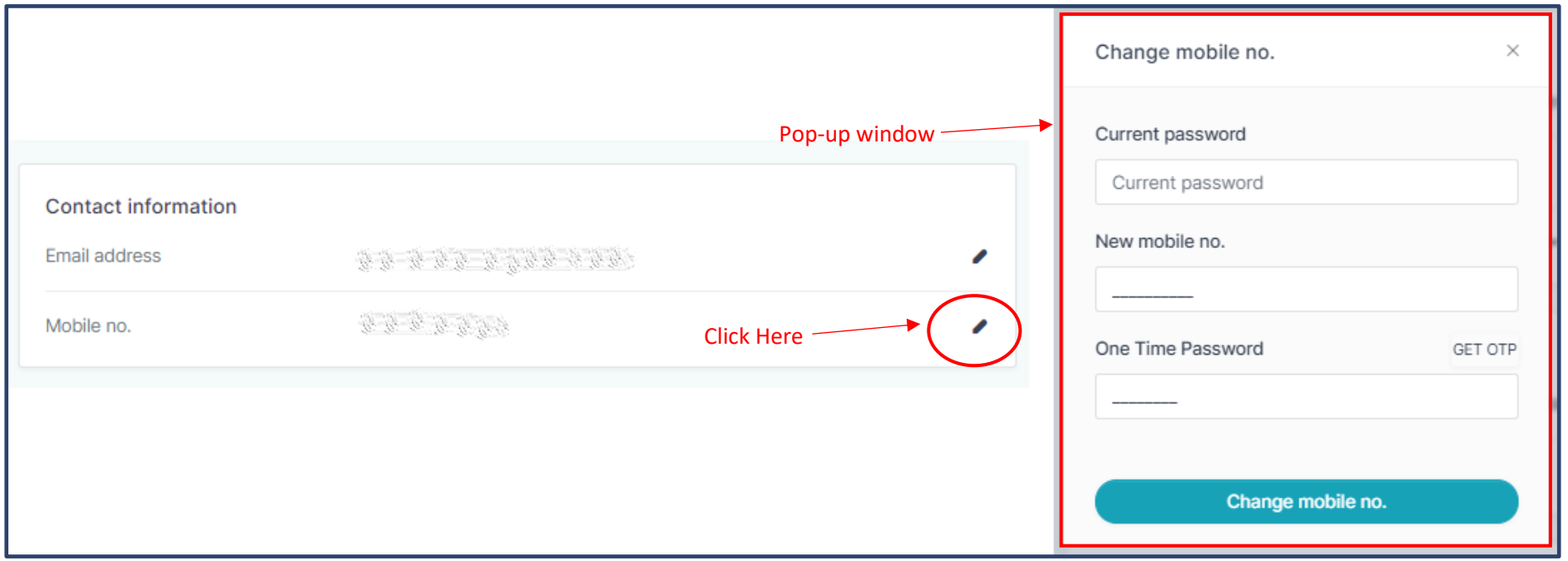


This is simple two step to change Email address.

II. Change Mobile Number

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

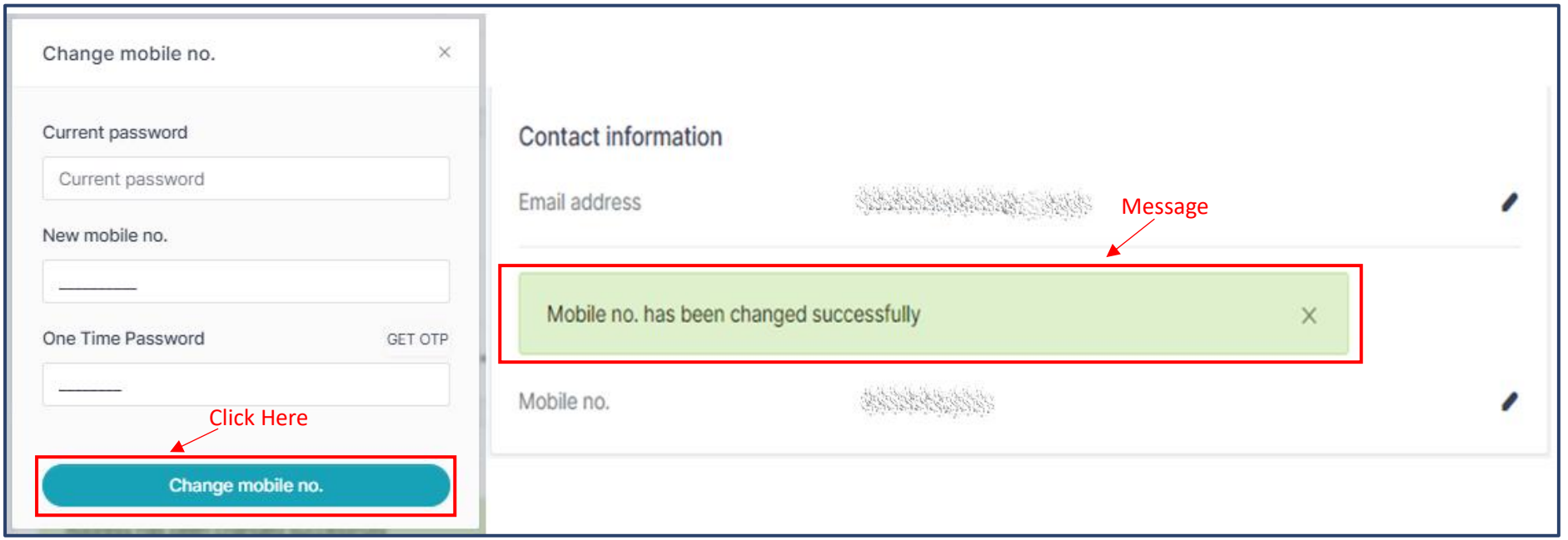
For change Mobile Number enter Current password, New mobile number, using GET OTP enter one time password.



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.

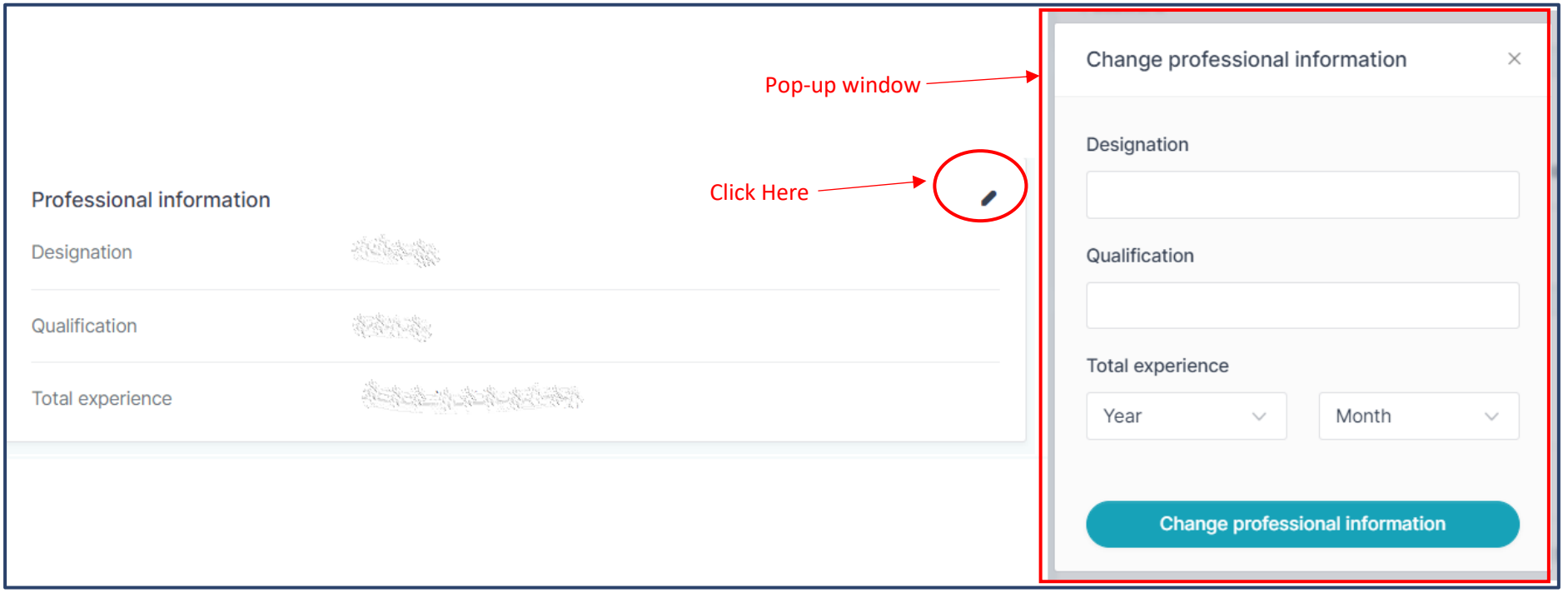


This is simple two step to change mobile number.

C. Change Professional information

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

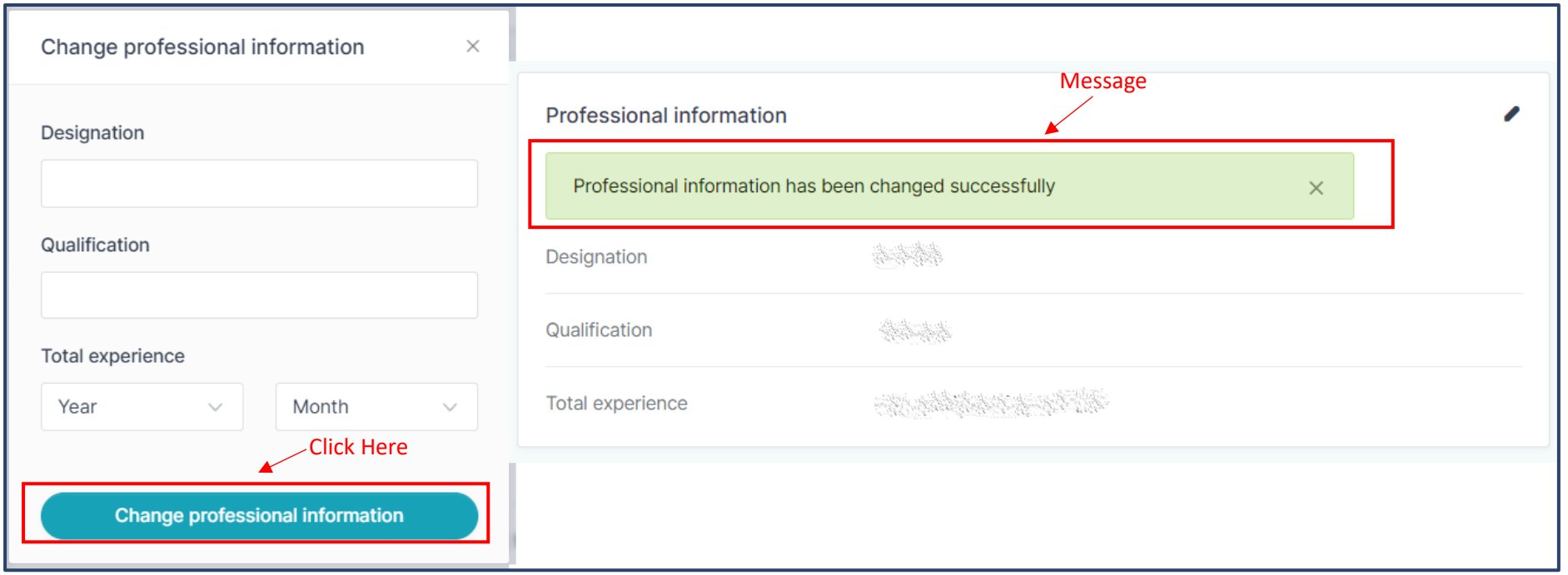
For change Professional Information select Year and Month, write Designation and Qualification.



Condition for Designation: Enter your designation, contain letters and spaces, and must not exceed 50 characters length.

Condition for Qualification: Enter your qualification, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length.

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



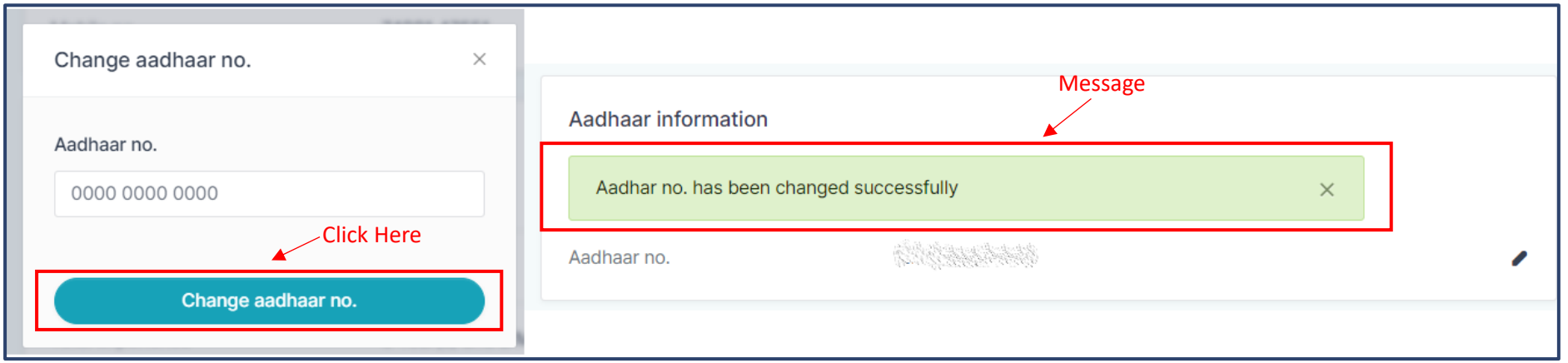
This is simple two step to change professional information.

D. Change Aadhaar information

Step 1: Click on edit Aadhaar Information link. A pop-up window will appear.

For change Aadhaar Information write Aadhaar no. only.

Step 2: Click on Change Aadhaar no. . On profile page message appear for Aadhaar no. changed successfully.



This is simple two step to change professional information.

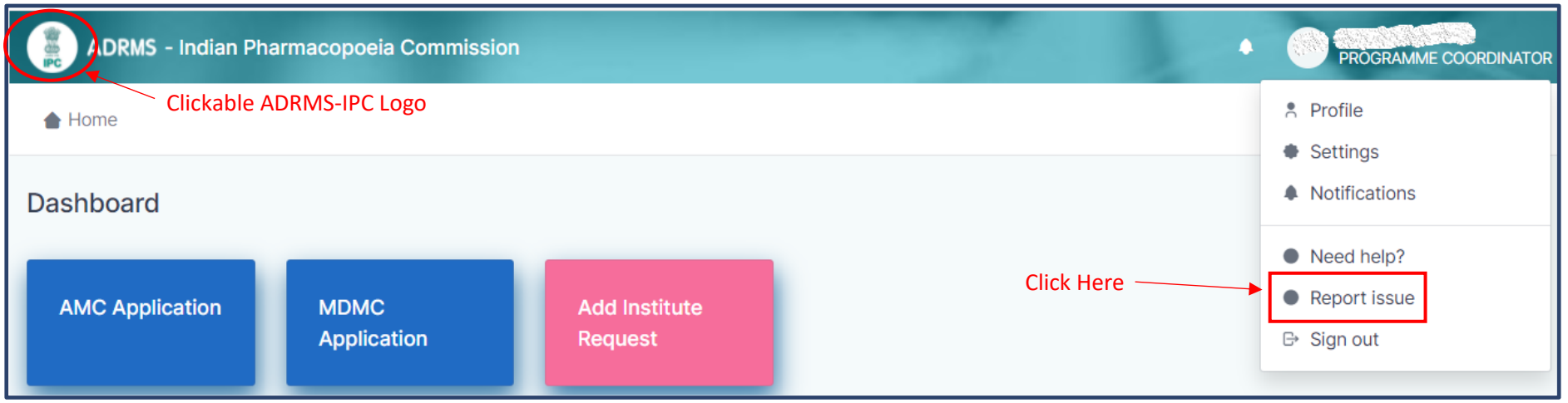
Following Table for Programme Coordinator profile field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of programme coordinator	Yes:required
2	Last name	Last name of Programme coordinator	Yes:required
3	Date of birth	Use at a time of forgot password	Yes:required
4	Username	Identity, 8-20 char & Unique	Yes:required
5	Password	Security, 8-20 char	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
12	Account type	Select account type	Yes:required
Professional information			
13	Designation	Write designation within 50 char length	Yes:required
14	Qualification	Write qualification within 100 char length	Yes:required
15	Total experience	Select experience in year and month	Yes:required
Aadhaar information			
16	Aadhaar no.	Enter Aadhaar no.	Yes:required

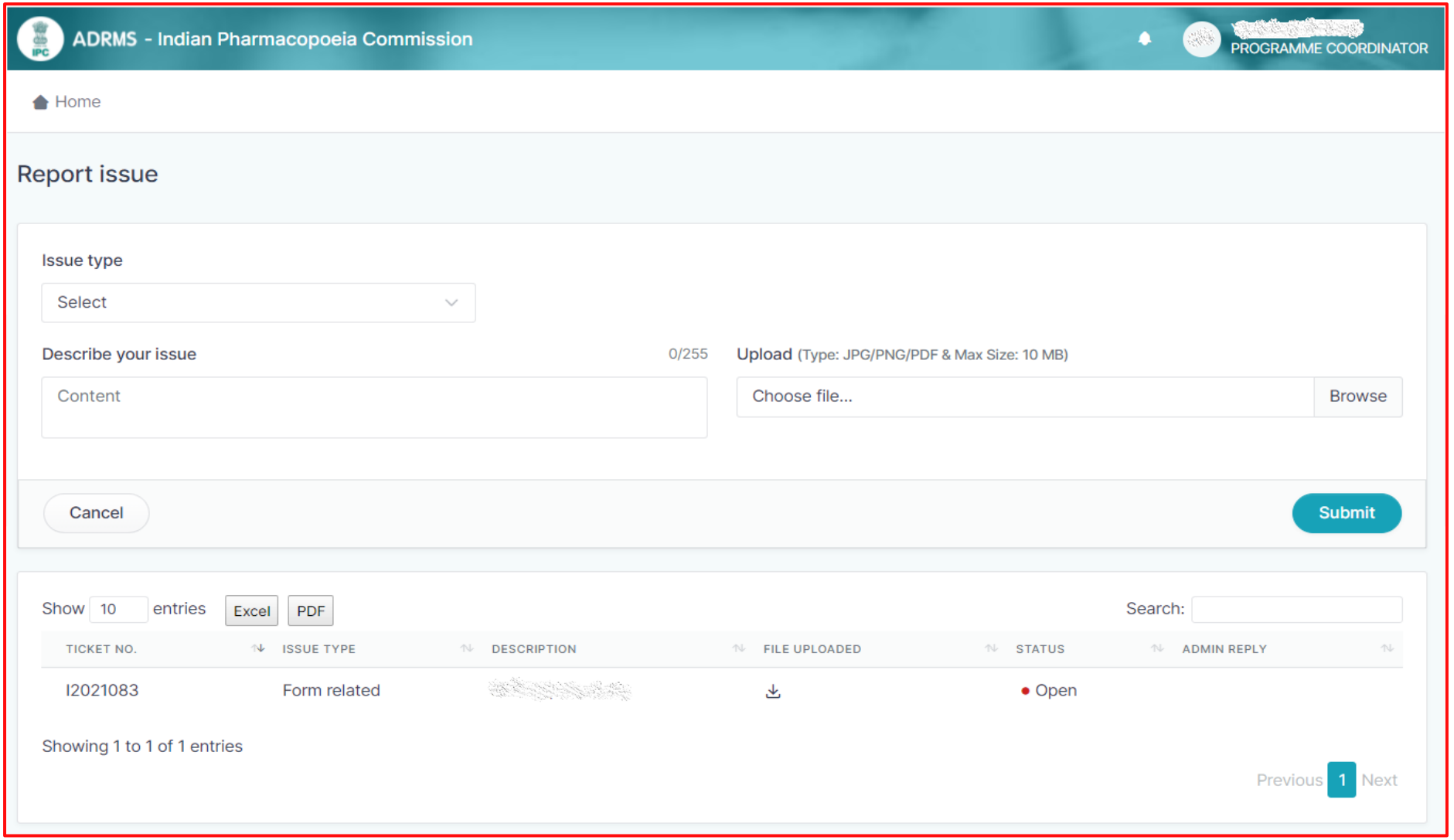
Table1: Programme Coordinator profile field list

4. Report Issue

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

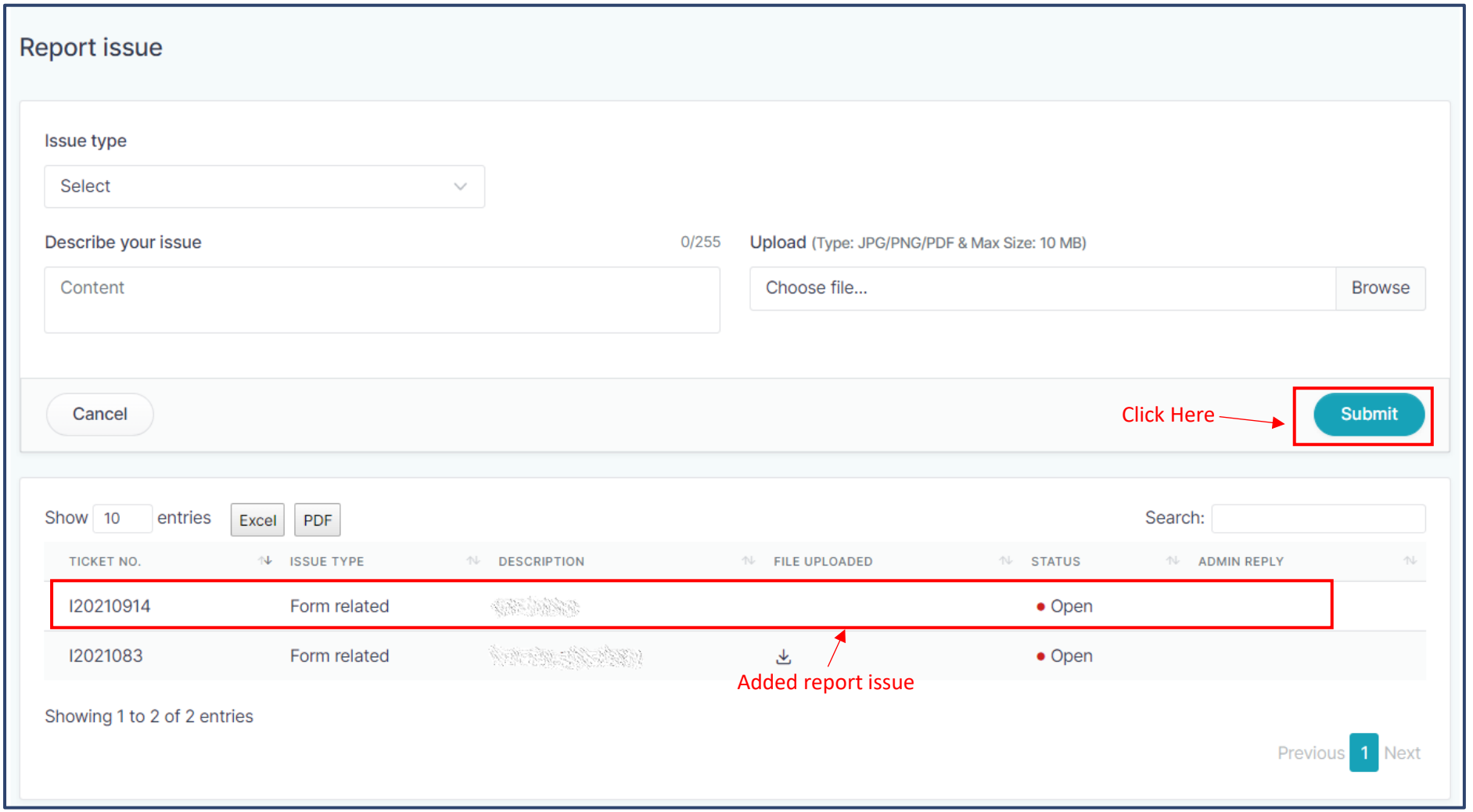


Report issue window



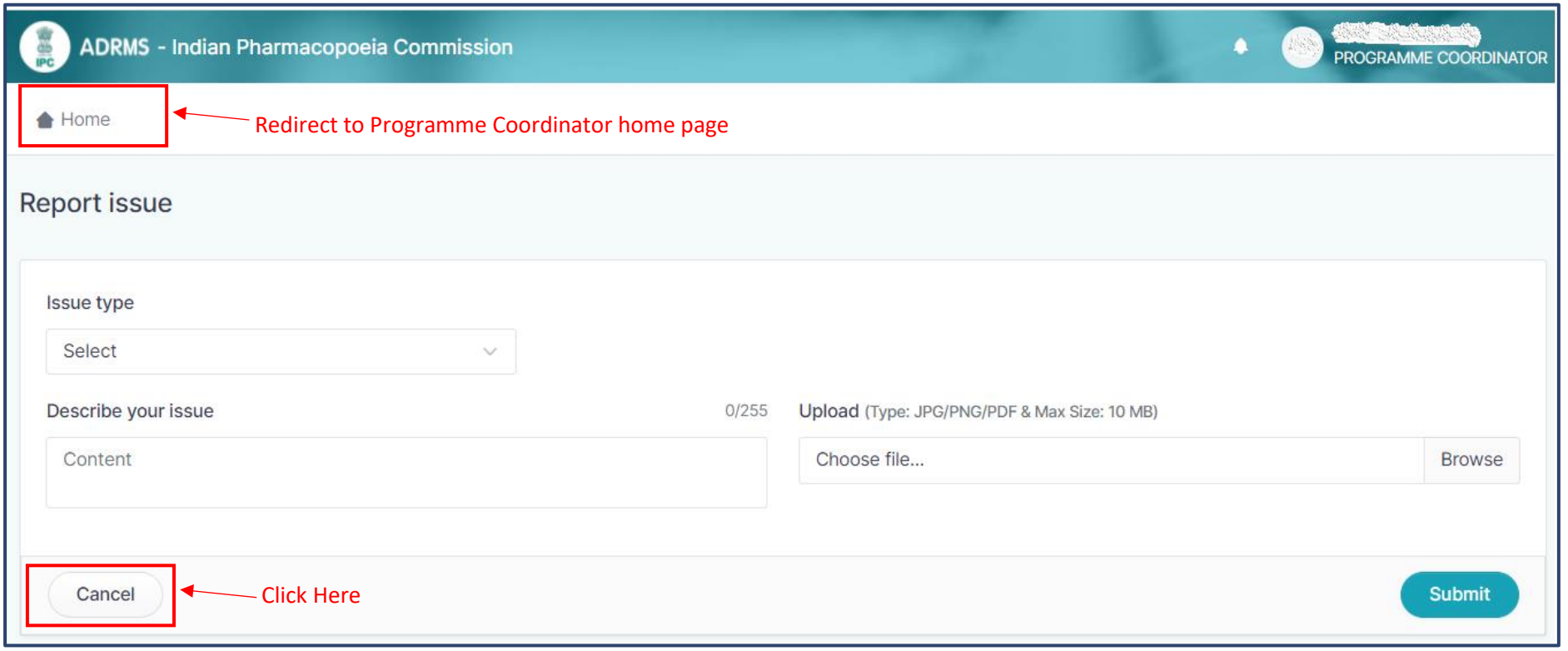
In In report issue select form related Issue type and describe issue and if any file available related to report then upload.

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

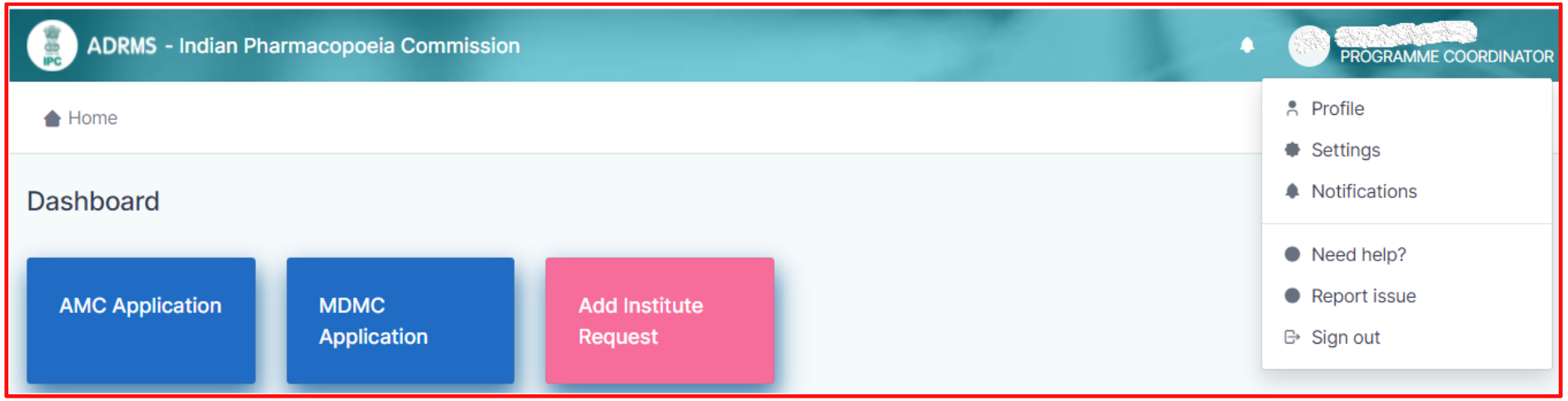


In list of report issue can see all submitted (from 1 to 1000) report issue list. Also can download this list in PDF or Excel format.

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



Programme Coordinator home page



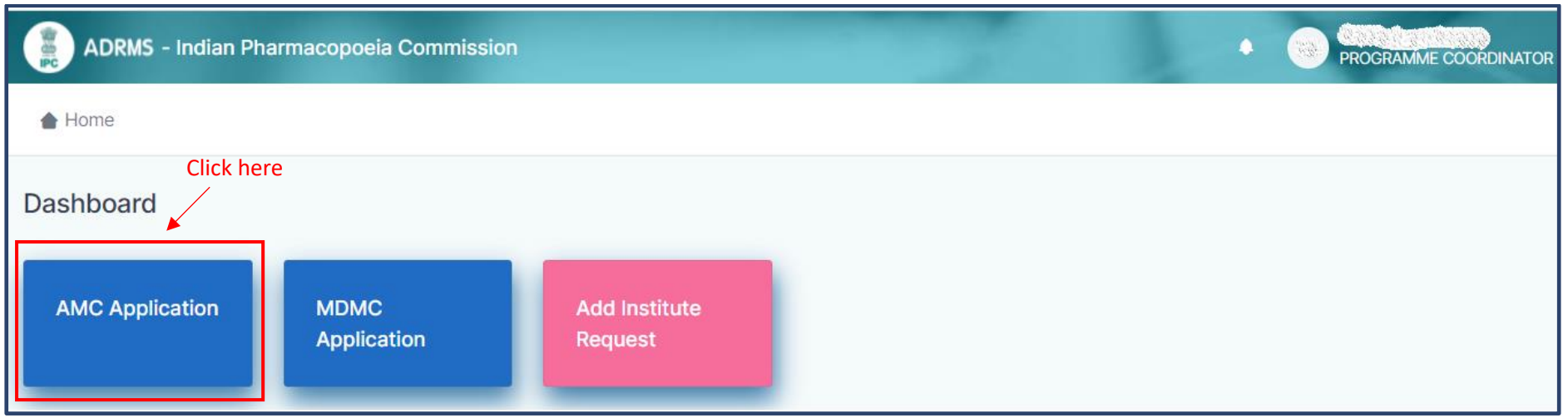
Following Table for Programme Coordinator Report issue field list:

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: Programme Coordinator report issue field list

5. AMC Application

Step 1: Click on AMC Application. New window of AMC application form will open.



In report there are Institutional information, Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI, Technical information, Contact details, Upload signature of head of the institution these 5 sections are present.

I. Institutional information

II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI

III. Technical information

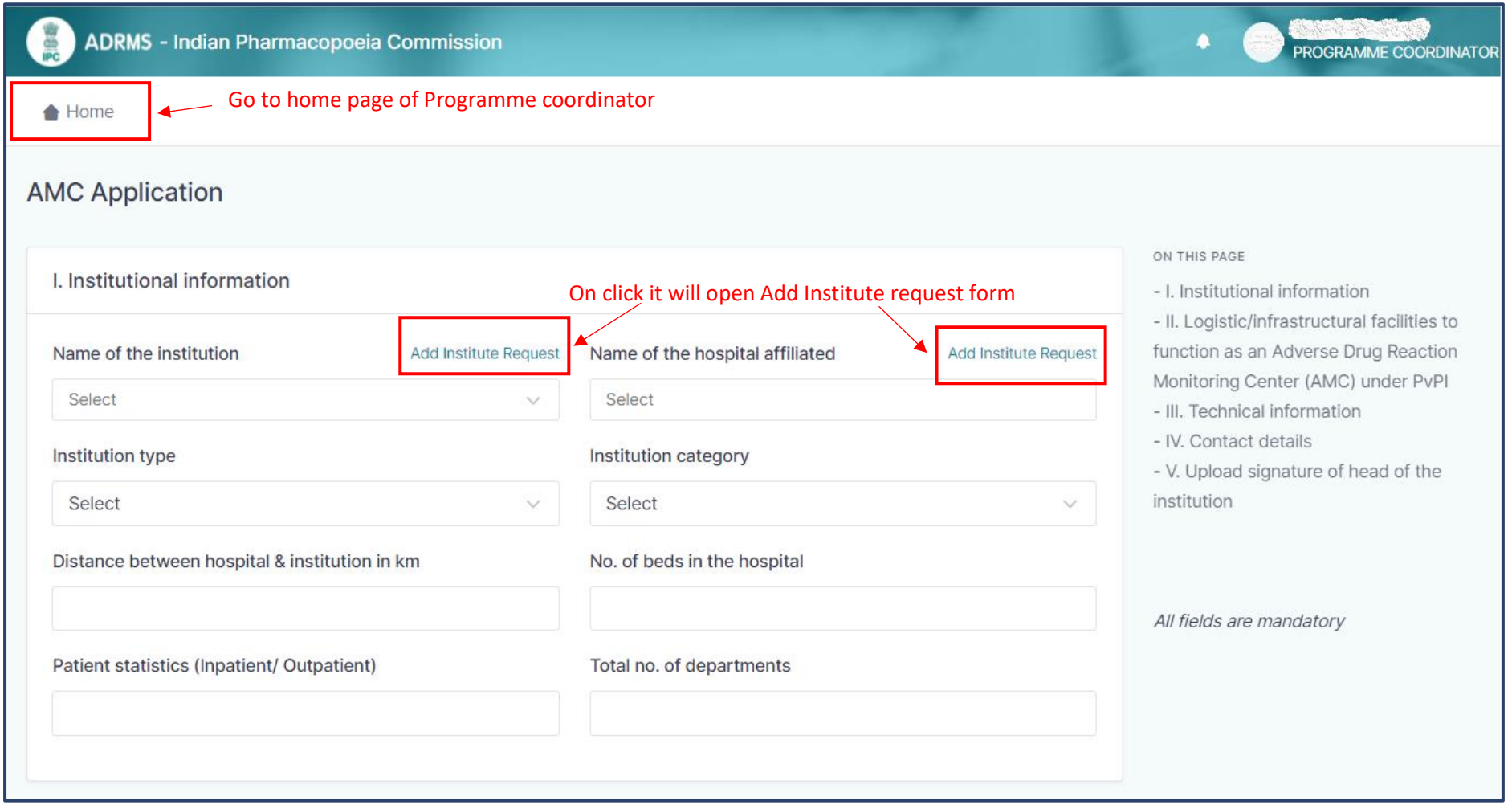
IV. Contact details

V. Upload signature of head of the institution (these all are link to jump on respective section)

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

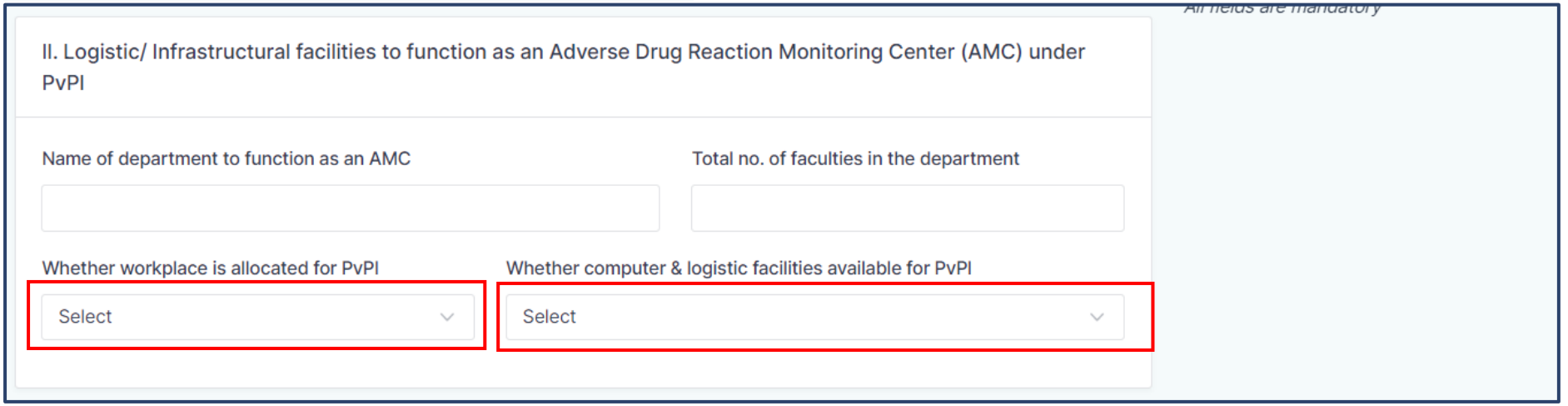
I. Institutional information: Select right option. Enter the correct information.

In institutional information select Name of the institution, Name of hospital affiliated, Institution type, Institution category and write Distance between hospital & institution in km, No.of beds in the hospital, patient statistics (Inpatient/Outpatient), Total no.of departments.



II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI: Select right option. Enter the correct information.

In this section write Name of department to function as an AMC, Total no.of faculties in the department. Select Whether workplace is allocated for PvPI, Whether computer & logistic facilities available for PvPI.



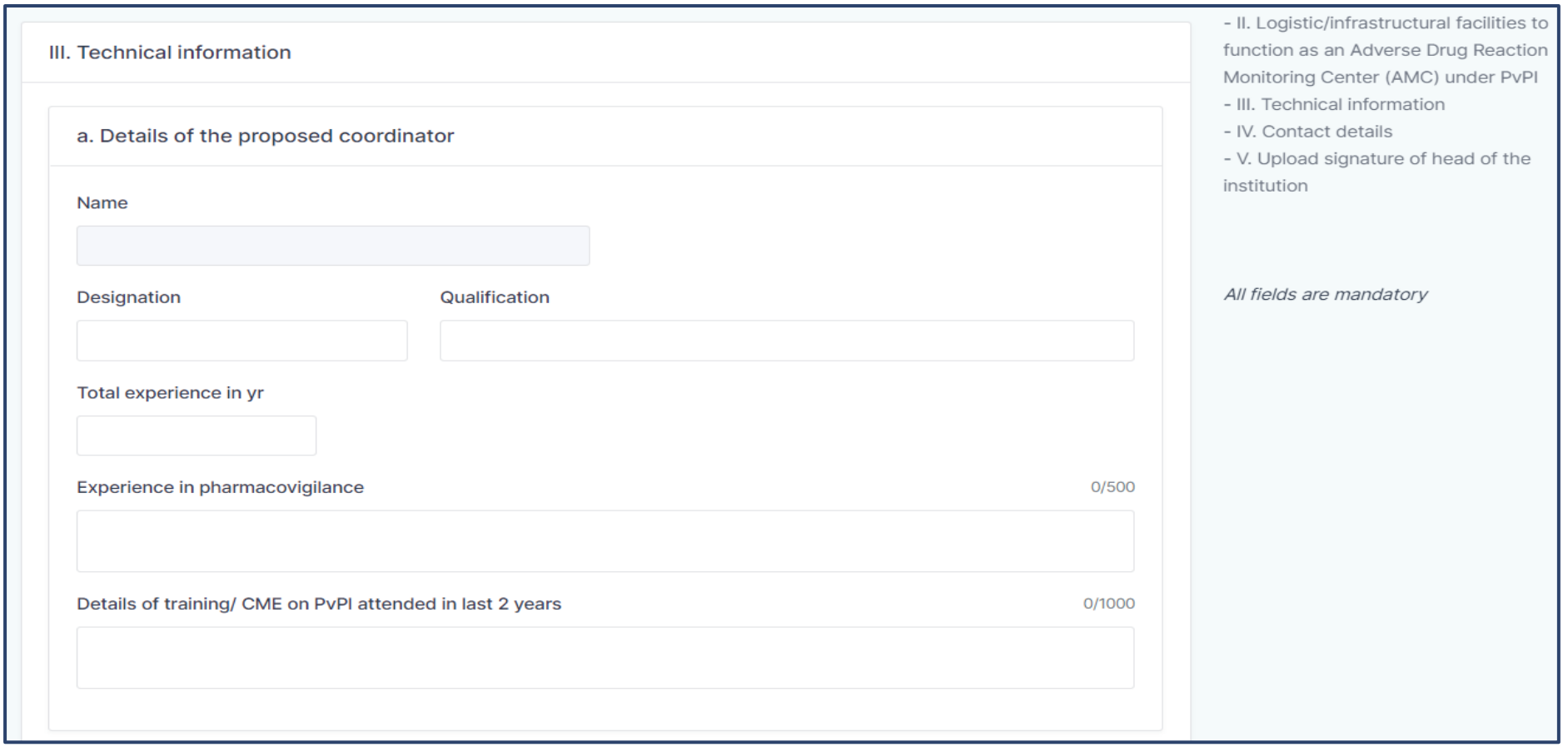
Whether workplace is allocated for PvPI: Yes and No these two options are available.

Whether computer & logistic facilities available for PvPI: Yes and No these two options are available.

III. Technical information (a. Details of the proposed coordinator): Write all information.

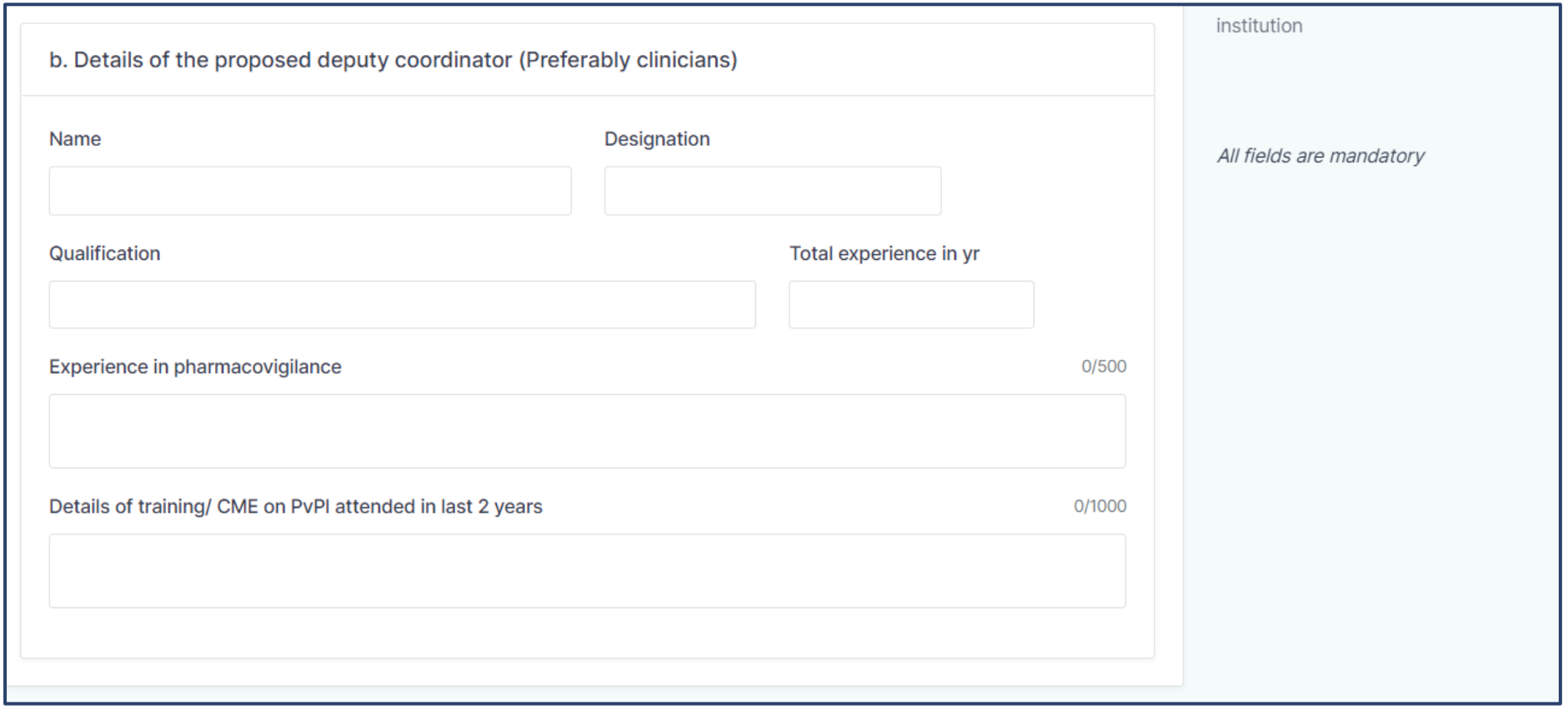
In Technical information **Details of the proposed coordinator** and **Details of the proposed deputy coordinator (Preferably clinicians)** these two sections are available.

In Details of the prposed coordinator write Name, Designation, Qualification, Total experience in year, Experience in pharmacovigilance and Details of training/CME on PvPI attended in last 2 year.

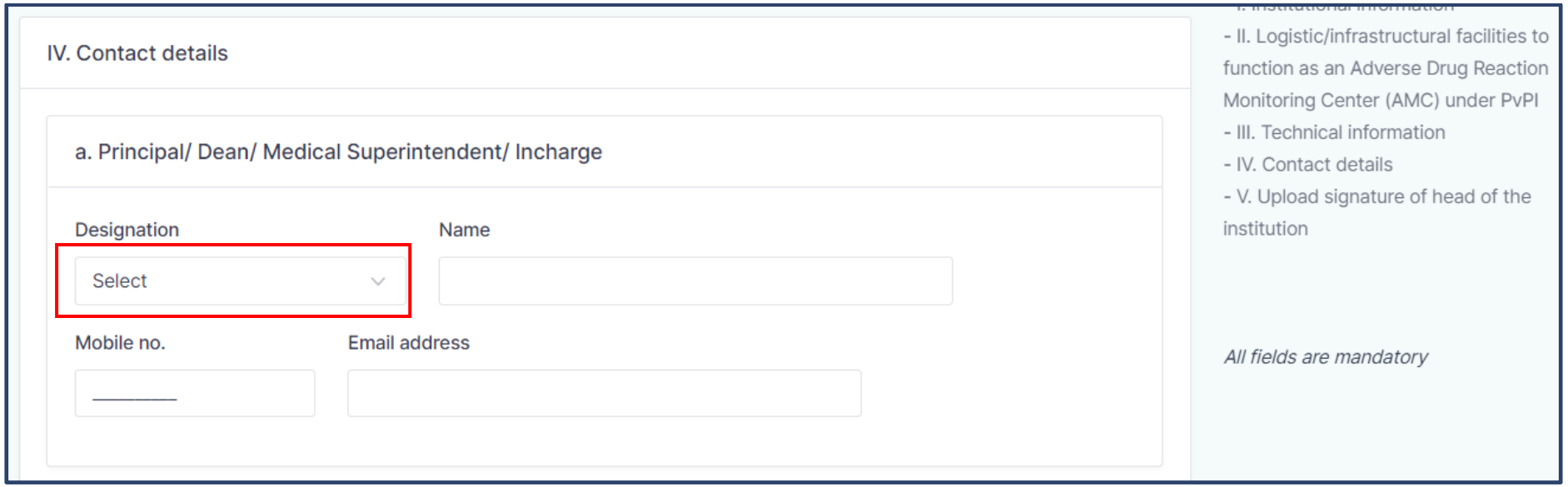


III. Technical information (b. Details of the proposed deputy coordinator (Preferably clinicians)): Write all information.

In Details of the prposed deputy coordinator write Name, Designation, Qualification, Total experience in year, Experience in pharmacovigilance and Details of training/CME on PvPI attended in last 2 year.

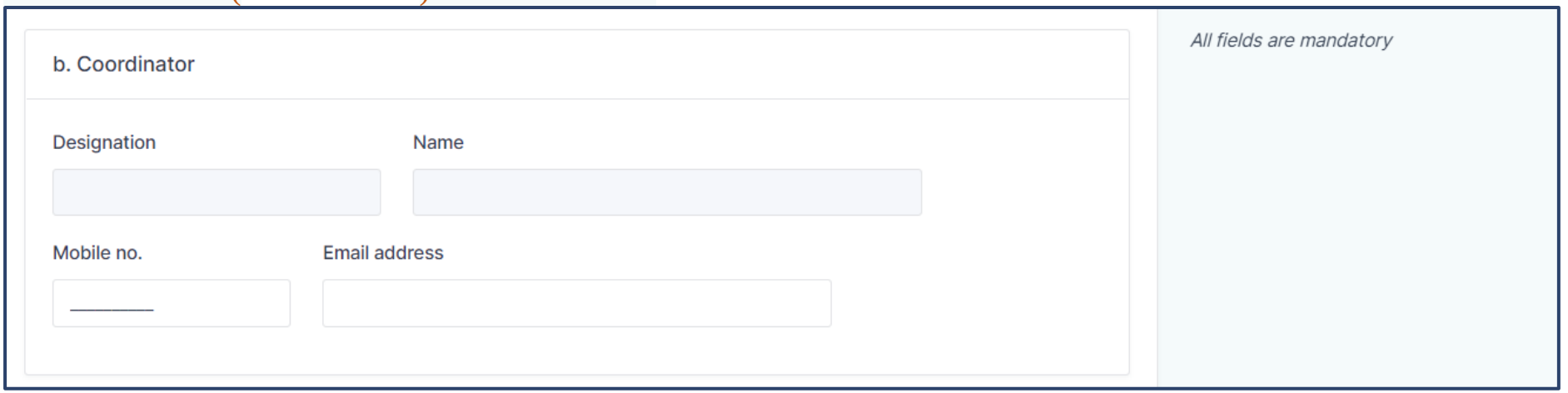


IV. Contact details (a. Principal/ Dean/ Medical Superintendent/In charge): Select right option and write all details.

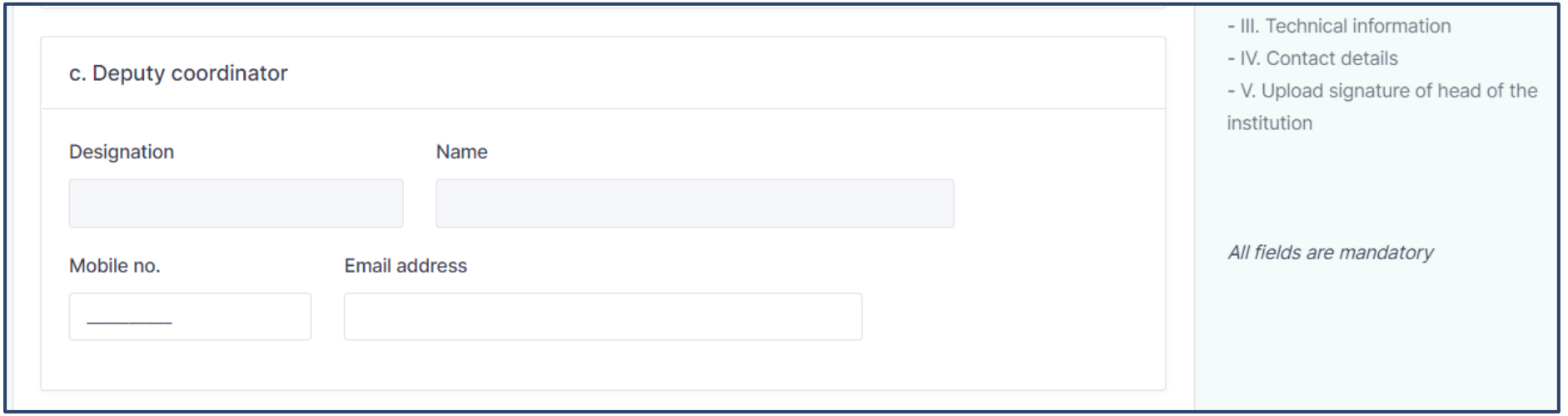


Designation: In Designation Principal, dean, Medical Superintendent and Incharge these options are available.

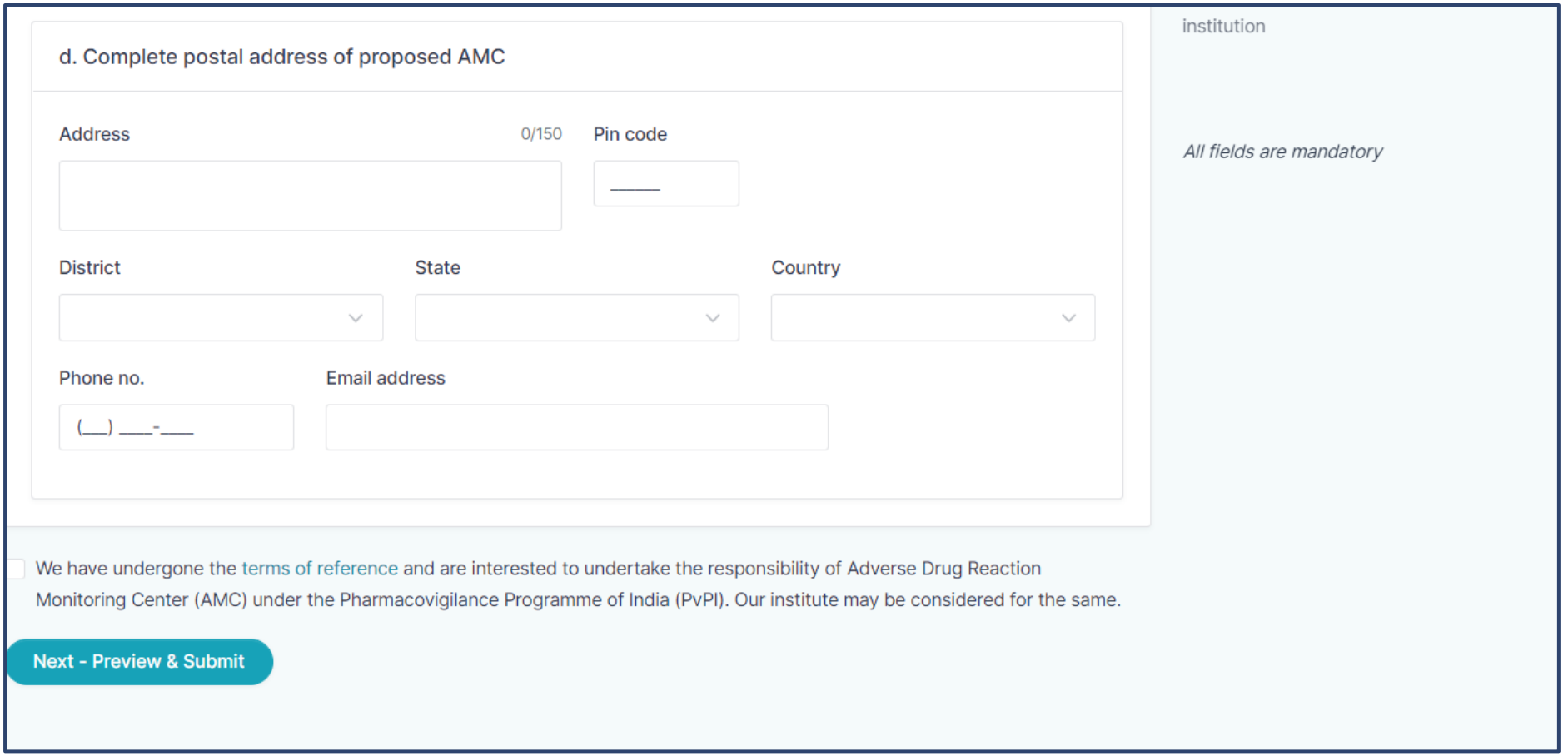
V. Contact details (b. Coordinator): Write all details.



IV. Contact details (c. Deputy Coordinator): Write all details.



IV. Contact details (d. Complete postal address of proposed AMC): Write all details. Click on Next – Preview & Submit.



Following Table for Programme Coordinator AMC application field list:

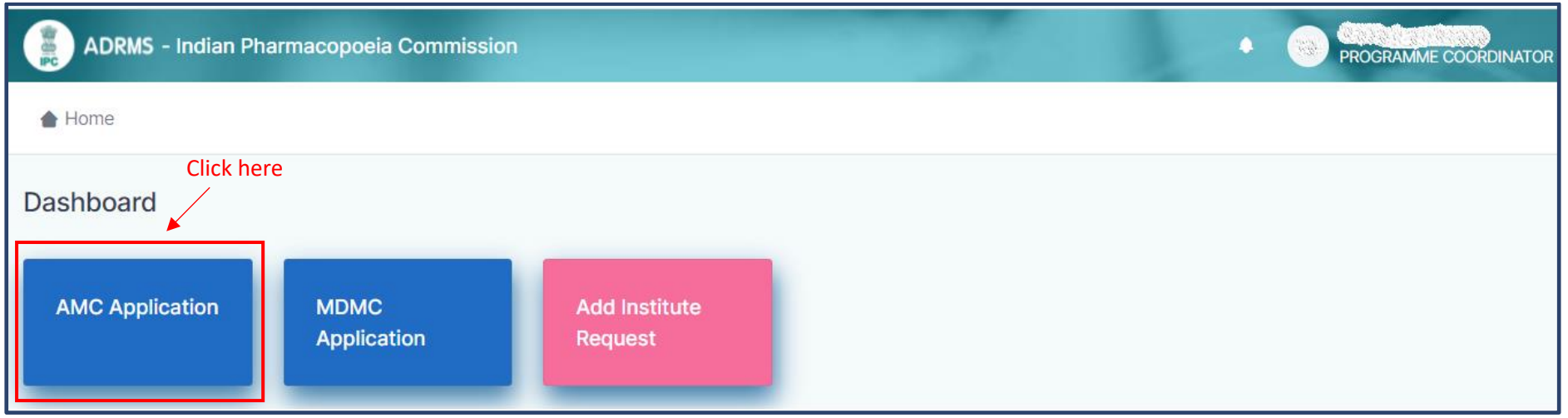
Serial no.	Field name	Purpose	Is field required
I. Institutional information			
1	Name of the institution	Select any one institution name	Yes:required
2	Name of the hospital affiliated	Select any one	Yes:required
3	Institution type	Select any one institution type	Yes:required
4	Institution category	Select any one institution category	Yes:required
5	Distance between hospital & institution	write distance in km	Yes:required
6	No. of beds in the hospital	Write no.of beds in digit	No:Not required
7	Patient statistics (Inpatient/ Outpatient)	Write patient statics	No:Not required
8	Total no. of departments	Write no. of department in digit	No:Not required
II. Logistic/ Infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI			
9	Name of department to function as an AMC	Write within 100 char length	Yes:required
10	Total no. of faculties in the department	Write no. of faculties in digit	Yes:required
11	Whether workplace is allocated for PvPI	Select Yes or No	Yes:required
12	Whether computer & logistic facilities	Select Yes or No	Yes:required
III. Technical information(a.Details of proposed coordoinator)			
13	Name	Name of coordinator	Yes:required
14	Designation	Designation of coordinator	Yes:required
15	Qualification	Qualification of coordinator	Yes:required
16	Total experience in yr	Write experience in digit	Yes:required
17	Experience in pharmacovigilance	Write within 500 char length	Yes:required
18	Training/ CME on PvPI attended in last 2 yrs	Write details within 1000 char length	Yes:required
III. Technical information(b.Details of proposed deputy coordoinator(Preferably clinicians)			
19	Name	Name of Coordinator	Yes:required
20	Designation	Designation of deputy Coordinator	Yes:required

21	Qualification	Qualification of deputy Coordinator	Yes:required
22	Total experience in yr	Write experience in digit	Yes:required
23	Experience in pharmacovigilance	Write within 500 char length	Yes:required
24	Training/ CME on PvPI attended in last 2 yr	Write details within 1000 char length	Yes:required
IV. Contact details(a.Principal/Dean/Medical Superintendent/Incharge)			
25	Designation	Select one designation	Yes:required
26	Name	Enter name of principal	Yes:required
27	Mobile no.	Valid 10 digit mobile no.	Yes:required
28	Email address	Valid email address	Yes:required
IV. Contact details(b.Coordinator)			
29	Designation	Select one designation	Yes:required
30	Name	Enter name of principal	Yes:required
31	Mobile no.	Valid 10 digit mobile no.	Yes:required
32	Email address	Valid email address	Yes:required
IV. Contact details(c.Deputy coordinator)			
33	Designation	Select one designation	Yes:required
34	Name	Enter name of principal	Yes:required
35	Mobile no.	Valid 10 digit mobile no.	Yes:required
36	Email address	Valid email address	Yes:required
IV. Contact details(d.Complete postal address of proposed AMC)			
37	Address	Write within 150 char length	Yes:required
38	Pin code	Valid six digit pin code	Yes:required
39	District	Select district	Yes:required
40	State	Select state	Yes:required
41	Country	Select Country	Yes:required
42	Mobile no.	Valid 10 digit mobile no.	Yes:required
43	Email address	Valid email address	Yes:required

Table3: Programme coordinator AMC application field list

6. MDMC Application

Step 1: Click on MDMC Application. New window of MDMC application form will open.



In report there are Institutional information, Logistic/infrastructural facilities to function as a Medical Device Monitoring Center(MDMC) under MvPI, Technical information, Contact details, Upload signature of head of the institution these 5 sections are present.

I. Institutional information

II. Logistic/infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI

III. Technical information

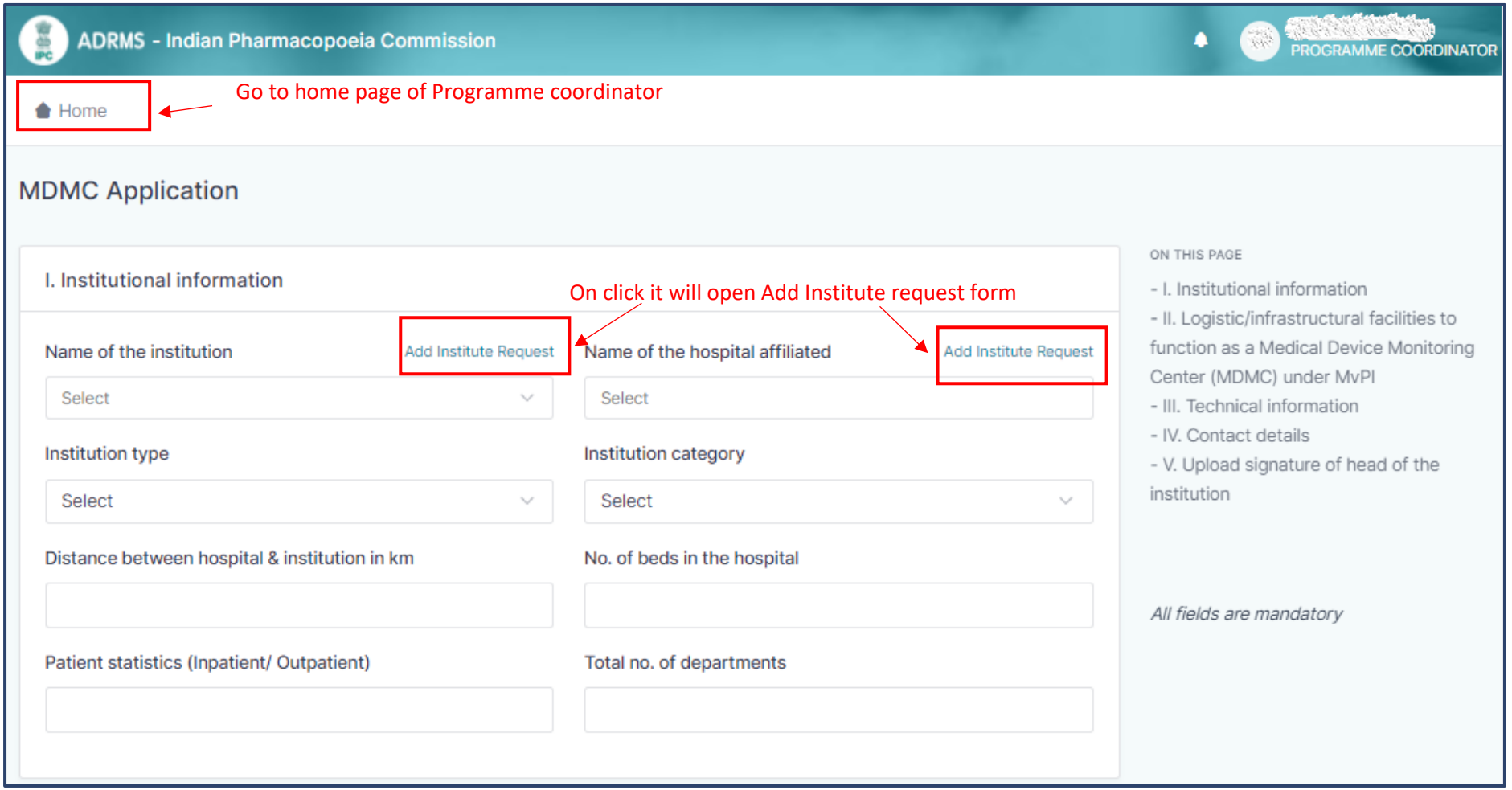
IV. Contact details

V. Upload signature of head of the institution (these all are link to jump on respective section)

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

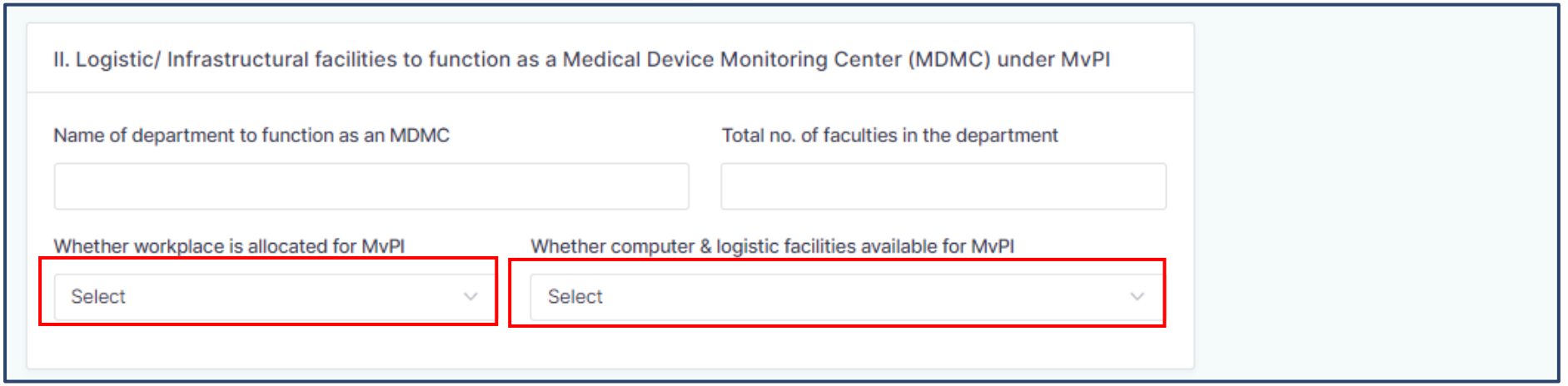
I. Institutional information: Select right option. Enter the correct information.

In institutional information select Name of the institution, Name of hospital affiliated, Institution type, Institution category and write Distance between hospital & institution in km, No.of beds in the hospital, patient statistics (Inpatient/Outpatient), Total no.of departments.



II. Logistic/infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI: Select right option. Enter the correct information.

In this section write Name of department to function as an AMC, Total no.of faculties in the department. Select Whether workplace is allocated for PvPI, Whether computer & logistic facilities available for PvPI.



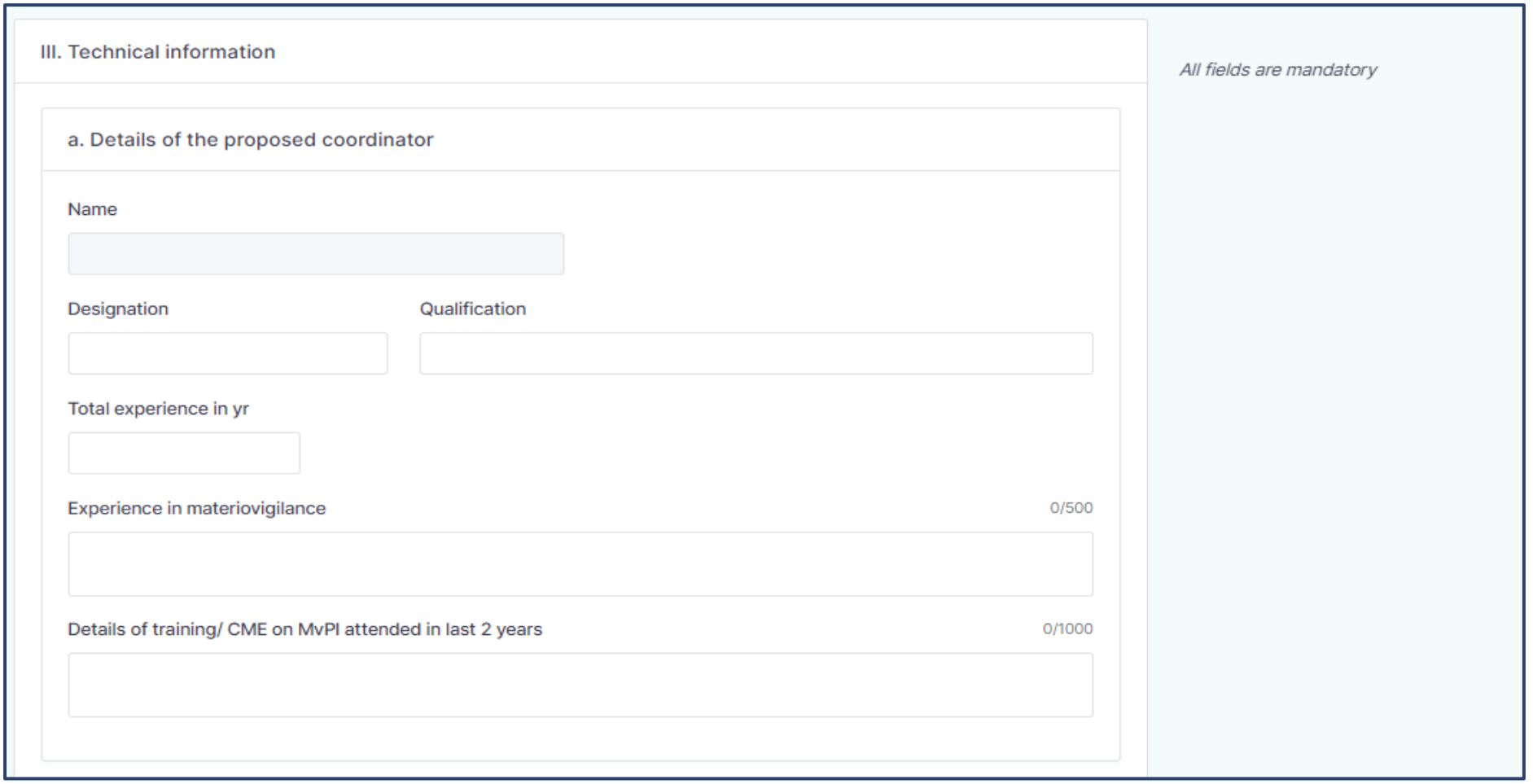
Whether workplace is allocated for PvPI: Yes and No these two options are available.

Whether computer & logistic facilities available for PvPI: Yes and No these two options are available.

Name of department to function as an AMC: Enter name of department to function as an MDMC, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length.

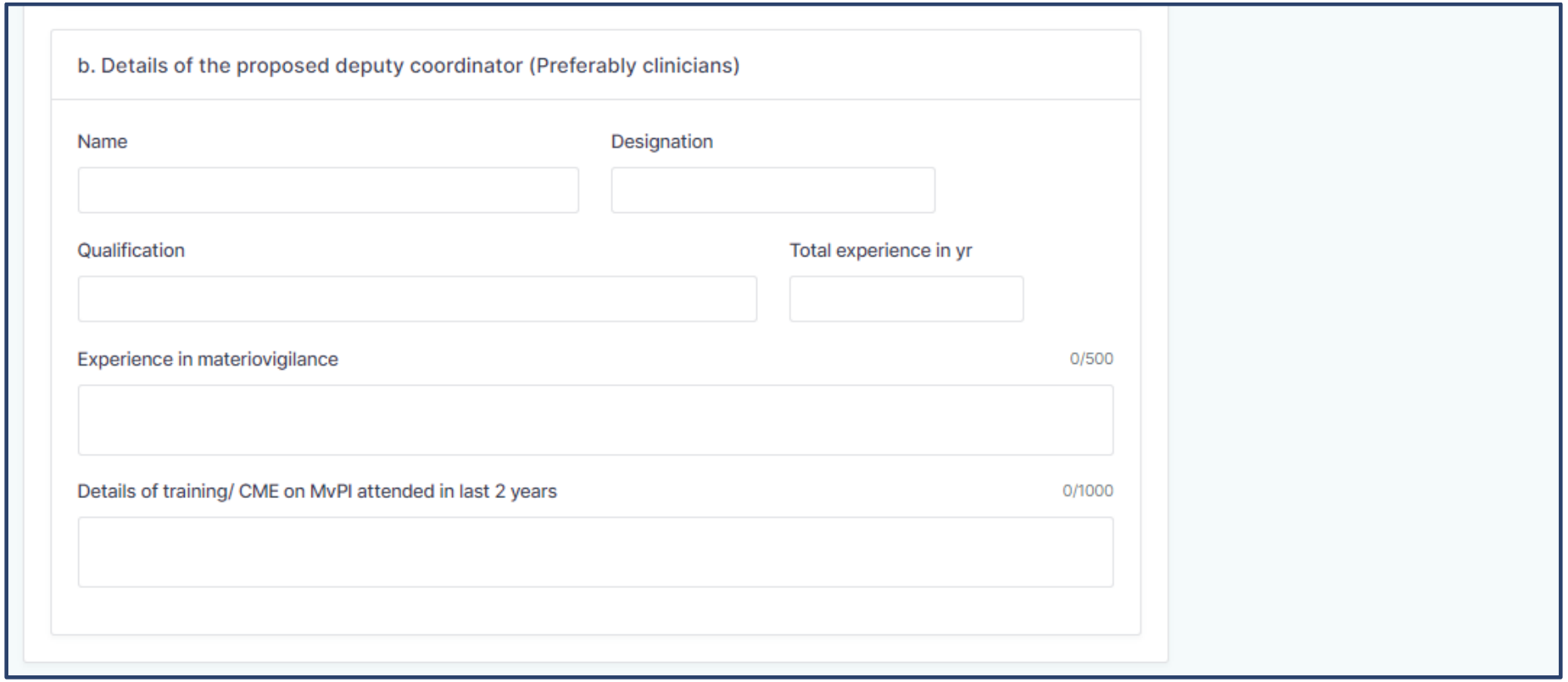
III. Technical information (a. Details of the proposed coordinator): Write all information.

In Technical information **Details of the proposed coordinator** and **Details of the proposed deputy coordinator (Preferably clinicians)** these two sections are available.In Details of the prposed coordinator write Name, Designation, Qualification, Total experience in year, Experience in materiovigilance and Details of training/CME on PvPI attended in last 2 year.



III. Technical information (b. Details of the proposed deputy coordinator (Preferably clinicians)): Write all information.

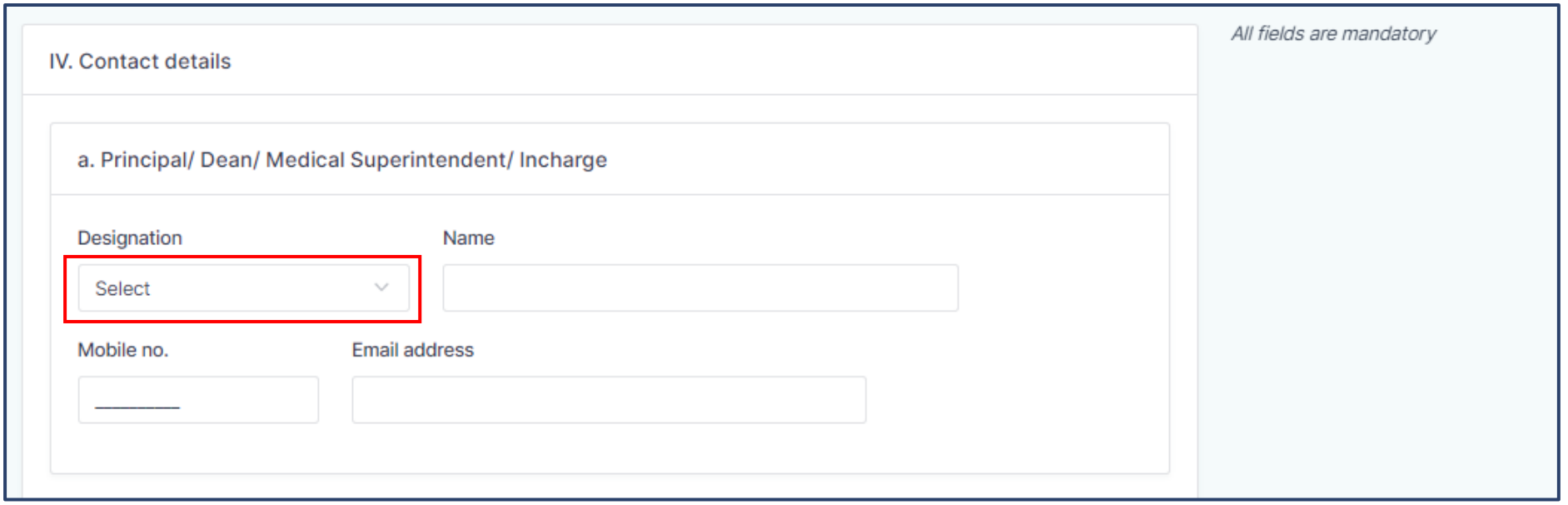
In Details of the prposed deputy coordinator write Name, Designation, Qualification, Total experience in year, Experience in materiovigilance and Details of training/CME on PvPI attended in last 2 year.



Name & Designation: Enter name & designation, contain letters and spaces, and must not exceed 50 characters length.

Qualification: Enter qualification, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length.

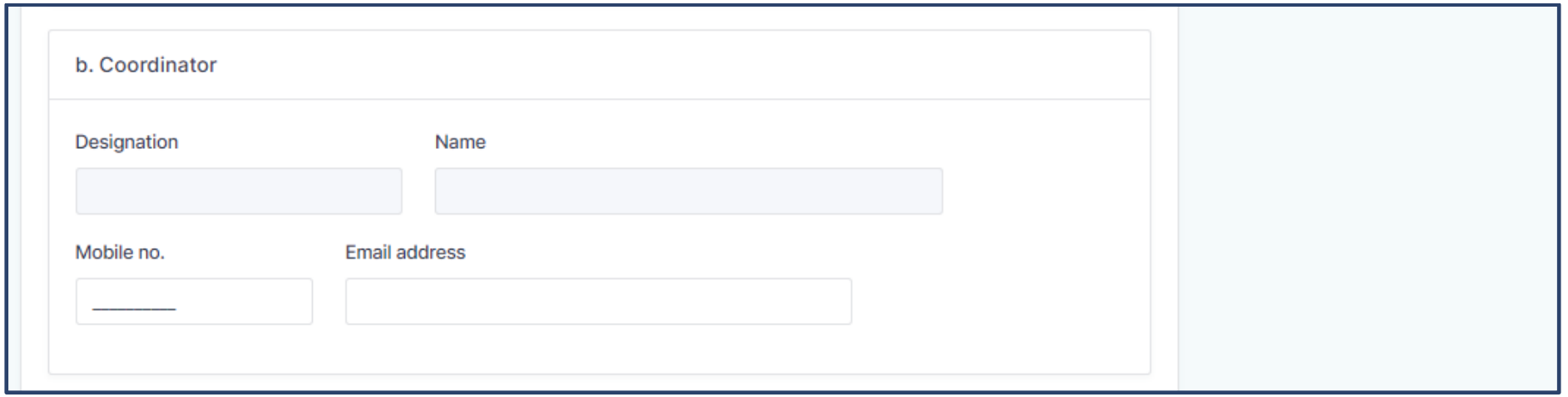
IV. Contact details (a. Principal/ Dean/ Medical Superintendent/In charge): Select right option and write all details.



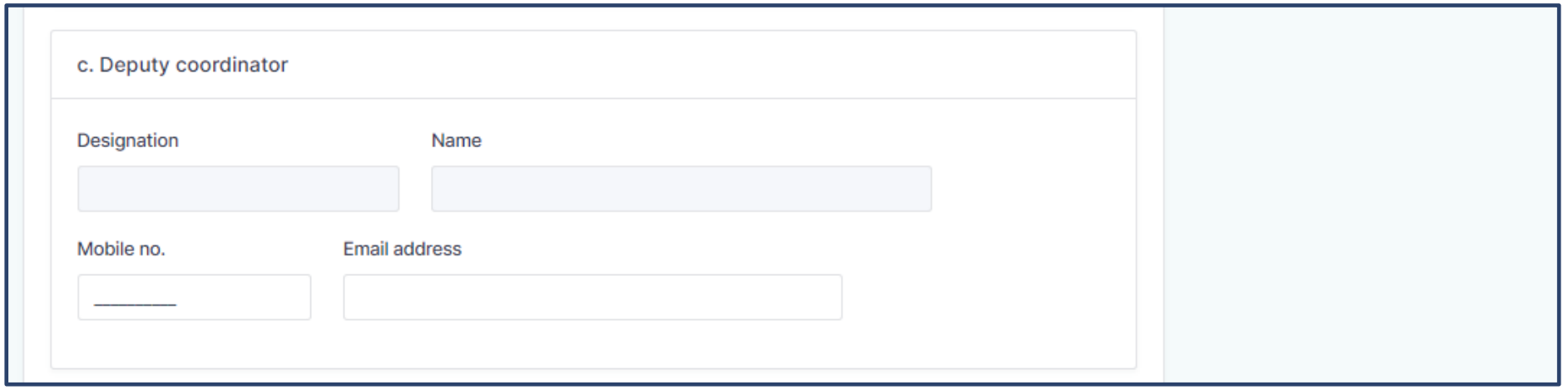
Designation: In Designation Principal, dean, Medical Superintendent and Incharge these options are available.

Name: Enter name, contain letters and spaces, and must not exceed 50 characters length.

IV. Contact details (b. Coordinator): Write all details.

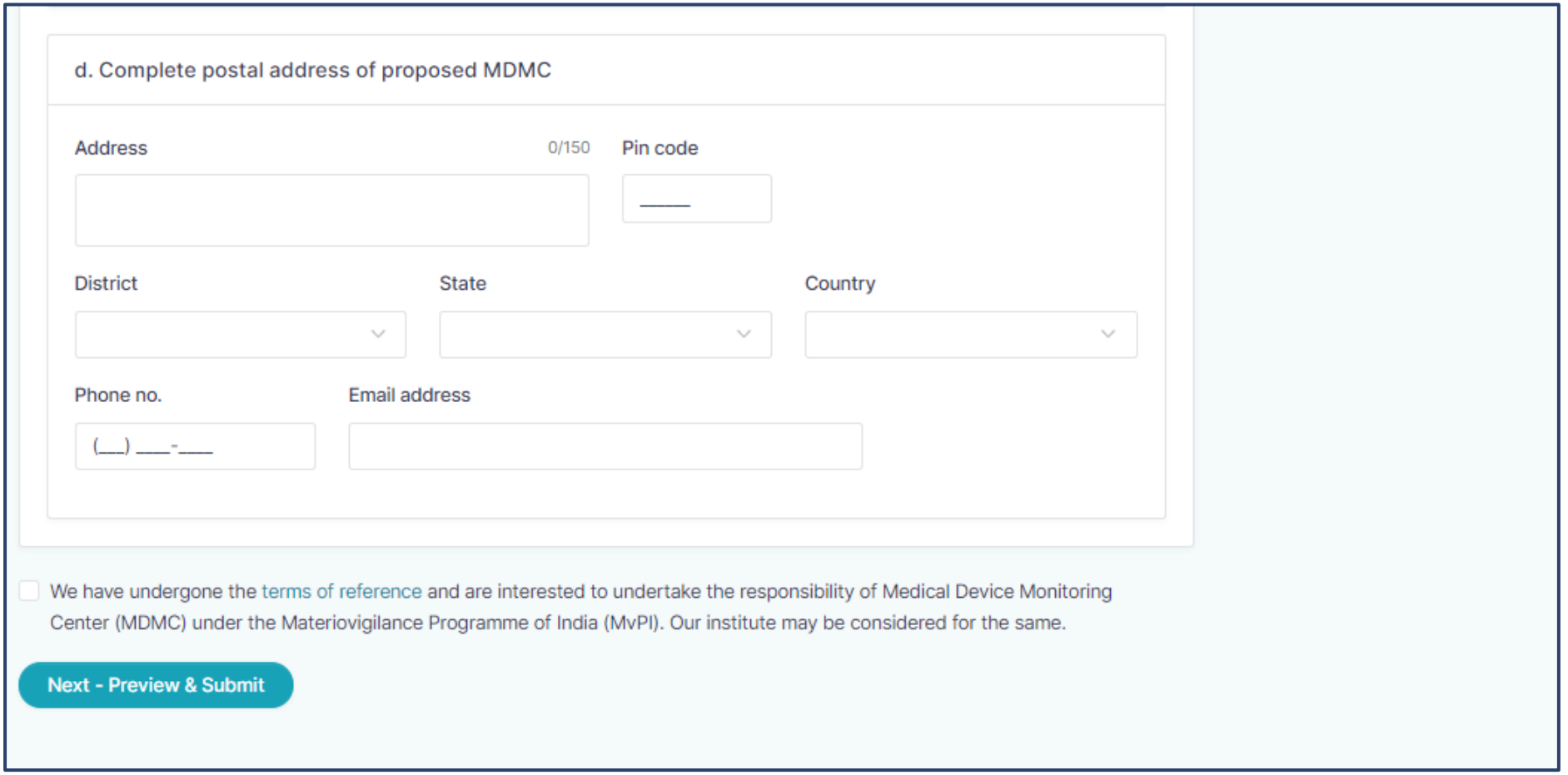


IV. Contact details (c. Deputy Coordinator): Write all details.



IV. Contact details (c. Deputy Coordinator): Write all details.

In this Address,Pin code,District, State and country this fields are auto filled according to above section.Also have to tick on We have undergone the ***terms of reference***.



Following Table for MDMC application field list:

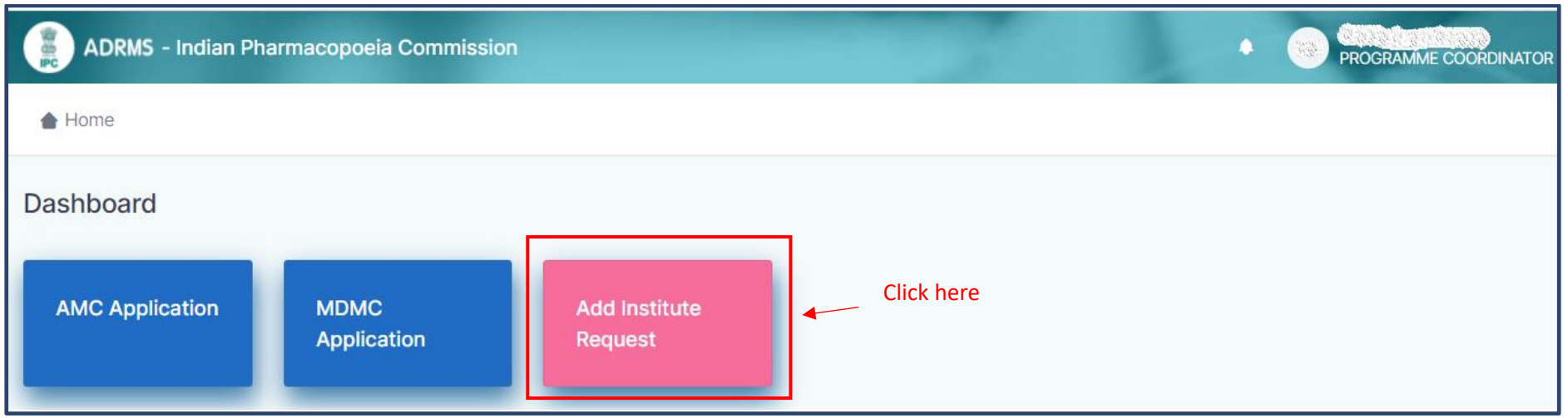
Serial no.	Field name	Purpose	Is field required
I. Institutional information			
1	Name of the institution	Select any one institution name	Yes:required
2	Name of the hospital affiliated	Select any one	Yes:required
3	Institution type	Select any one institution type	Yes:required
4	Institution category	Select any one institution category	Yes:required
5	Distance between hospital & institution	write distance in km	Yes:required
6	No. of beds in the hospital	Write no.of beds in digit	No:Not required
7	Patient statistics (Inpatient/ Outpatient)	Write patient statics	No:Not required
8	Total no. of departments	Write no. of department in digit	No:Not required
II. Logistic/ Infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI			
9	Name of department to function as an MDMC	Write within 100 char length	Yes:required
10	Total no. of faculties in the department	Write no. of faculties in digit	Yes:required
11	Whether workplace is allocated for MvPI	Select Yes or No	Yes:required
12	Whether computer & logistic facilities	Select Yes or No	Yes:required
III. Technical information(a.Details of proposed coordinator)			
13	Name	Name of coordinator	Yes:required
14	Designation	Designation of coordinator	Yes:required
15	Qualification	Qualification of coordinator	Yes:required
16	Total experience in yr	Write experience in digit	Yes:required
17	Experience in materiovigilance	Write within 500 char length	Yes:required
18	Training/ CME on MvPI attended in last 2 yrs	Write details within 1000 char length	Yes:required
III. Technical information(b.Details of proposed deputy coordinator(Preferably clinicians)			
19	Name	Name of Coordinator	Yes:required
20	Designation	Designation of deputy Coordinator	Yes:required
21	Qualification	Qualification of deputy Coordinator	Yes:required

22	Total experience in yr	Write experience in digit	Yes:required
23	Experience in materiovigilance	Write within 500 char length	Yes:required
24	Training/ CME on MvPI attended in last 2 yr	Write details within 1000 char length	Yes:required
IV. Contact details(a.Principal/Dean/Medical Superintendent/Incharge)			
25	Designation	Select one designation	Yes:required
26	Name	Enter name of principal	Yes:required
27	Mobile no.	Valid 10 digit mobile no.	Yes:required
28	Email address	Valid email address	Yes:required
IV. Contact details(b.Coordinator)			
29	Designation	Select one designation	Yes:required
30	Name	Enter name of principal	Yes:required
31	Mobile no.	Valid 10 digit mobile no.	Yes:required
32	Email address	Valid email address	Yes:required
IV. Contact details(c.Deputy coordinator)			
33	Designation	Select one designation	Yes:required
34	Name	Enter name of principal	Yes:required
35	Mobile no.	Valid 10 digit mobile no.	Yes:required
36	Email address	Valid email address	Yes:required
IV. Contact details(d.Complete postal address of proposed MDMC)			
37	Address	Write within 150 char length	Yes:required
38	Pin code	Valid six digit pin code	Yes:required
39	District	Select district	Yes:required
40	State	Select state	Yes:required
41	Country	Select Country	Yes:required
42	Mobile no.	Valid 10 digit mobile no.	Yes:required
43	Email address	Valid email address	Yes:required

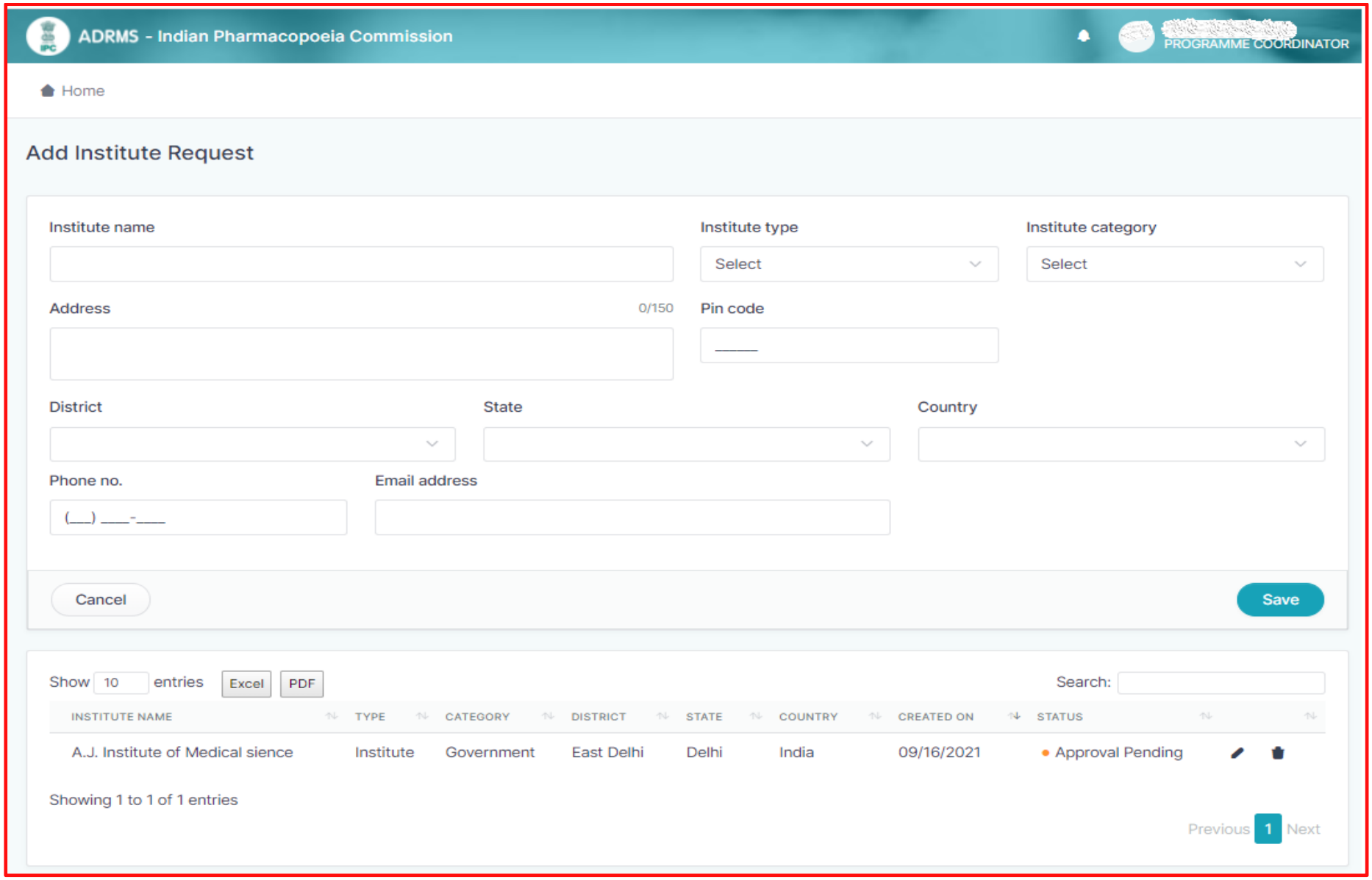
Table4: MDMC application field list

6. Add Institute request

Step 1: Click on Add Institute Request. New window of Add Institute request form and submitted Institute list will open.

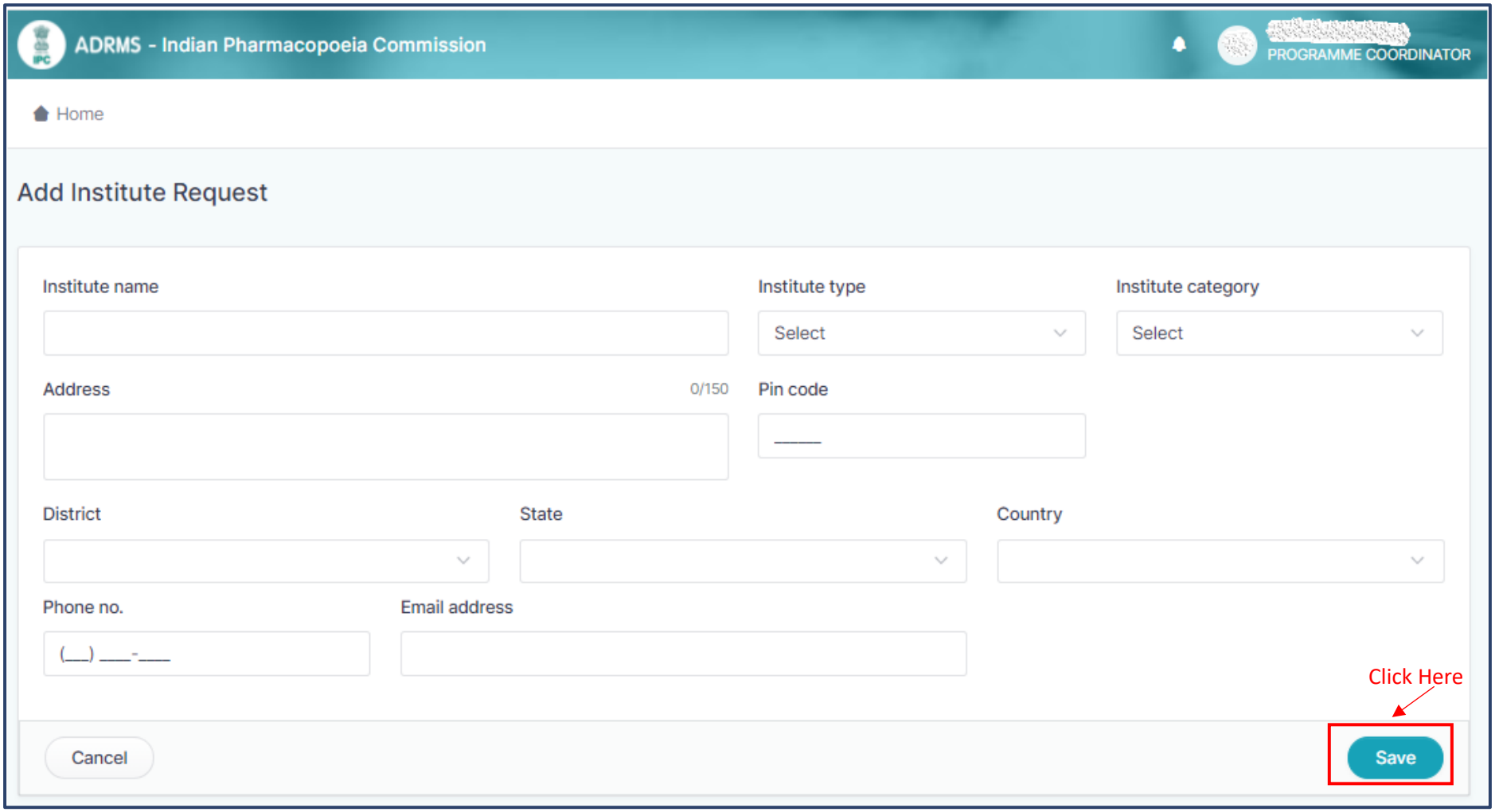


New window of Add institute Request



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

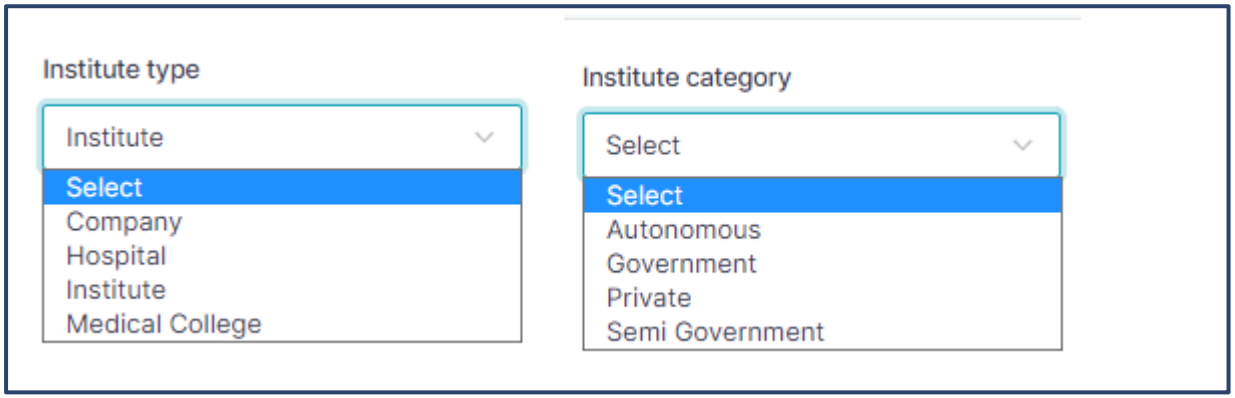
Write Institute name, Address, Pin code, Phone no. & Email address. Select Institute type, Institute category, District, State & Country.

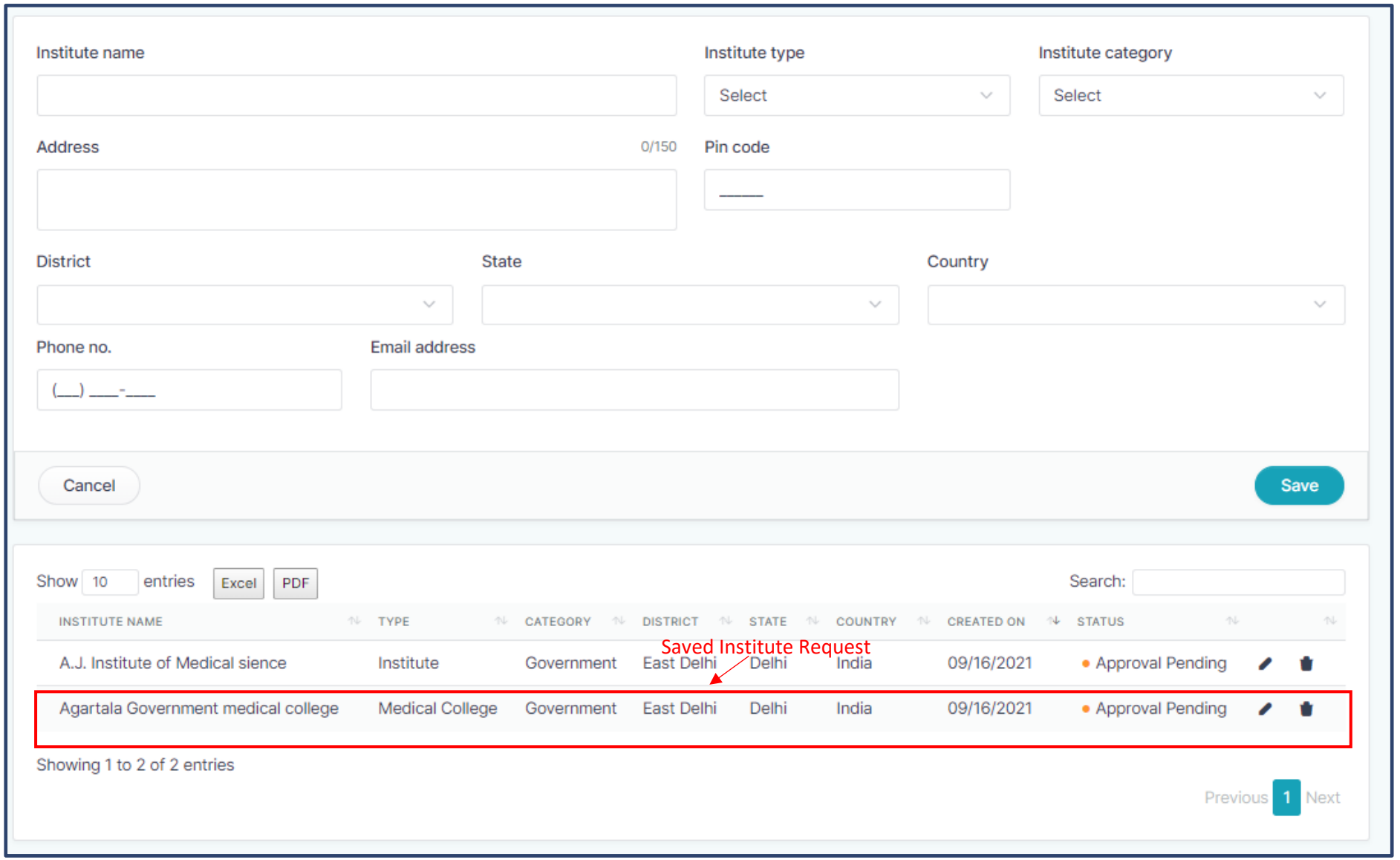


Condition of Institute name: Enter name of the institution, contain letters, numbers, spaces and special characters (./()-), and must not exceed 100 characters length.

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 name
Institute type
Select
Institute category
Select
Address
0/150
Pin code
District
State
Country
Phone no.
(___) ___-____
Email address
Cancel
Save
Show 10 entries
Excel
PDF
Search:
INSTITUTE NAME
TYPE
CATEGORY
DISTRICT
STATE
COUNTRY
CREATED ON
STATUS
Saved Institute Request
A.J. Institute of Medical sience
Institute
Government
East Delhi
Delhi
India
09/16/2021
Approval Pending
Agartala Government medical college
Medical College
Government
East Delhi
Delhi
India
09/16/2021
Approval Pending
Showing 1 to 2 of 2 entries
Previous
1
Next

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 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 column data.

These simple two step to add Institute request.

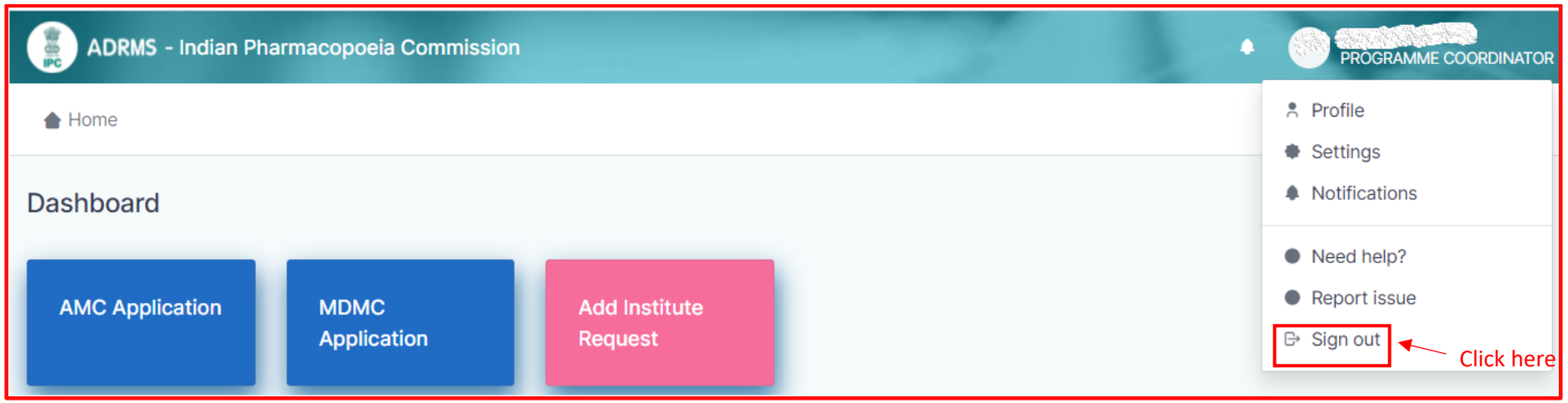
Following Table for Programme coordinator Add institute request field list:

Serial no.	Field name	Purpose	Is field required
1	Institute name	Write name within 100 char length	Yes:required
2	Institute type	Select institute type	Yes:required
3	Institute category	Select institute category	Yes:required
4	Address	Write address within 150 char length	Yes:required
5	Pin code	Valid 6 digit pin code	Yes:required
6	District	Select district	Yes:required
7	State	Select state	Yes:required
8	Country	Select country	Yes:required
9	Phone no.	Valid 10 digit phone no.	Yes:required
10	Email address	Valid email address.	Yes:required

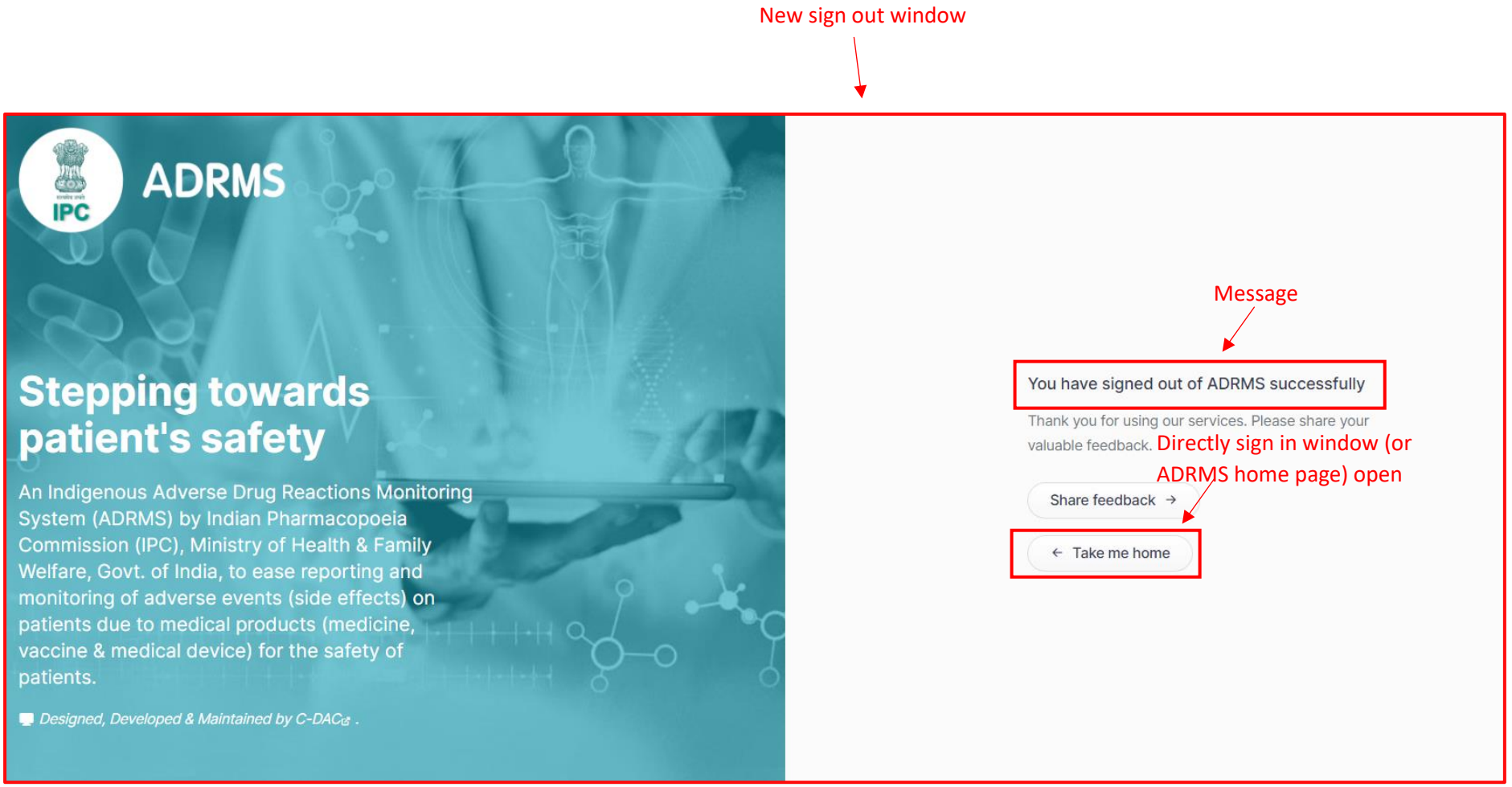
Table5: Programme coordinator Add institute request field list

7. How to Sign Out

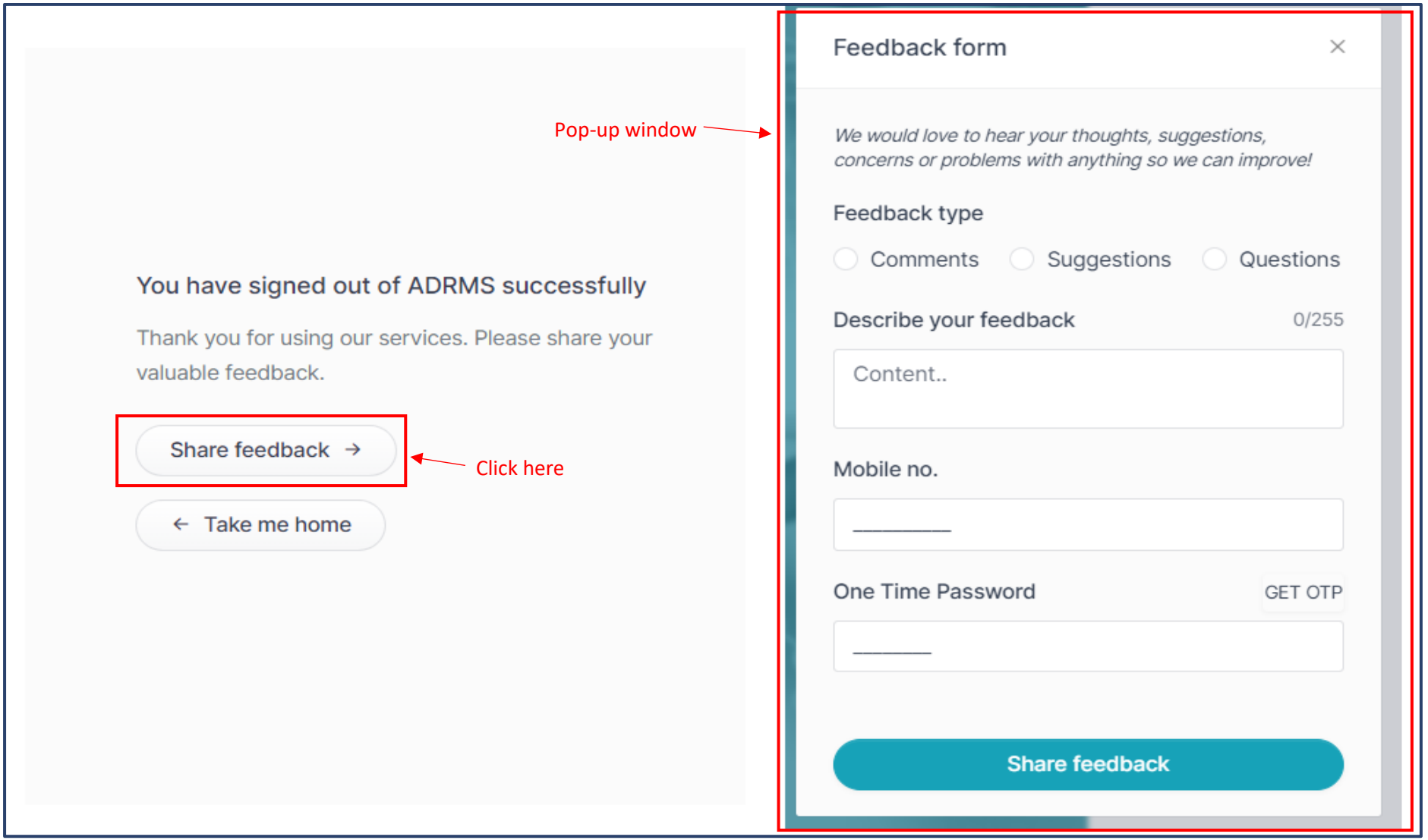
Step 1: Click on sign out. New sign out window will appear.



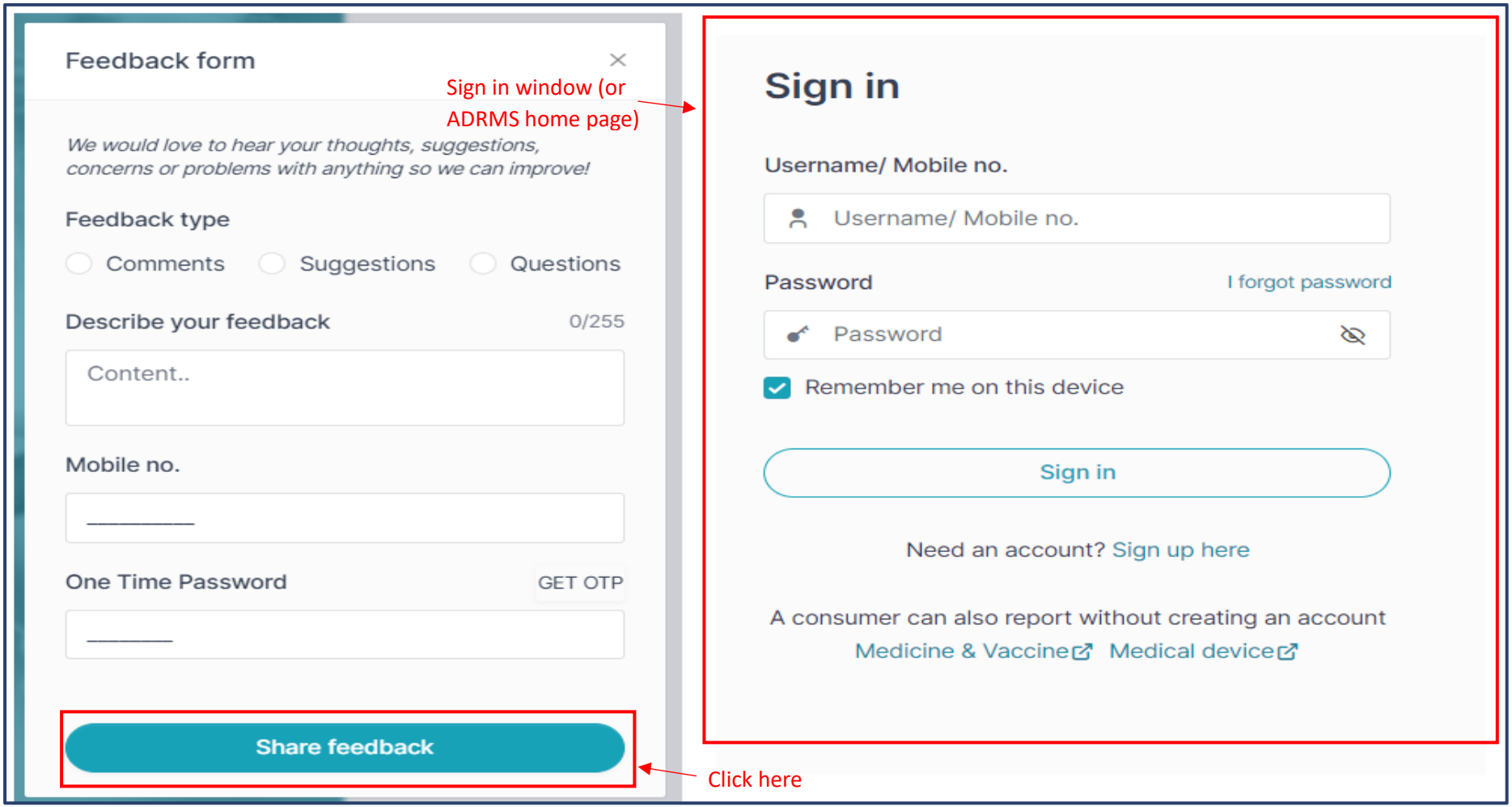
Message is showing for sign out successfully.



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



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



These are simple three step to sign out.