


DEPARTMENT OF PHARMACOLOGY

Outreach and Extension Activities

The Department of Pharmacology is a recognized Regional Pharmacovigilance Centre under National Coordination Committee for Pharmacovigilance Programme of India since Aug 2011.

The Department of Pharmacology is one of the important Adverse Drug Reaction monitoring centre (AMC) in the region. It involves monitoring, reporting and communication of Individual Case Safety Reports (ICSRs) associated with drugs, medical devices and vaccines with strict standard operating procedures to follow. The Causality Assessment Committee (CAC) evaluates the ADR report, makes recommendations and reports the ADR to the FDA and the drug manufacturer through web-based application called Vigiflow. Also our department has initiated the distribution of ADR cards to the concerned patients experiencing the adverse reaction, so as to prevent occurrences of the same reactions if any in future. Our department has been engaged in this extension activity since 8 years and will continue to do the same in future too.

| Year | Name of the Activity | Organizing unit/ agency/ collaborating agency | Number of students participated in such activities | Number of Teachers participated in such activities |
|--------------------------|------------------------------|---|--|--|
| 01-08-2014 to 31-07-2015 | ADR monitoring and Reporting | Department of Pharmacology, DYPMC, Pimpri, Pune in association with National Coordination Centre - Pharmacovigilance Programme of India | — | Full Department |

|  Dr. D. Y. Patil Medical College, Hospital & Research Centre, Pimpri, Pune- 18 | |
|--|-------------------------|
| PHARMACOVIGILANCE COMMITTEE | |
| Name of Member | Designation |
| Dr. A. V. TILAK | CHAIRPERSON |
| Dr. S. R. AGARKHEDKAR | MEMBER |
| Dr. SMITA JOSHI | MEMBER |
| Dr. H. G. DESHPANDE | MEMBER |
| Dr. S. A. KANITKAR | MEMBER |
| Dr. D. S. NIRHALE | MEMBER |
| Dr. KIRTI DEO | MEMBER |
| Dr. S. A. MULKALWAR | MEMBER SECRETARY |

Dr. D.Y. Patil Medical College, Hospital and Research Centre

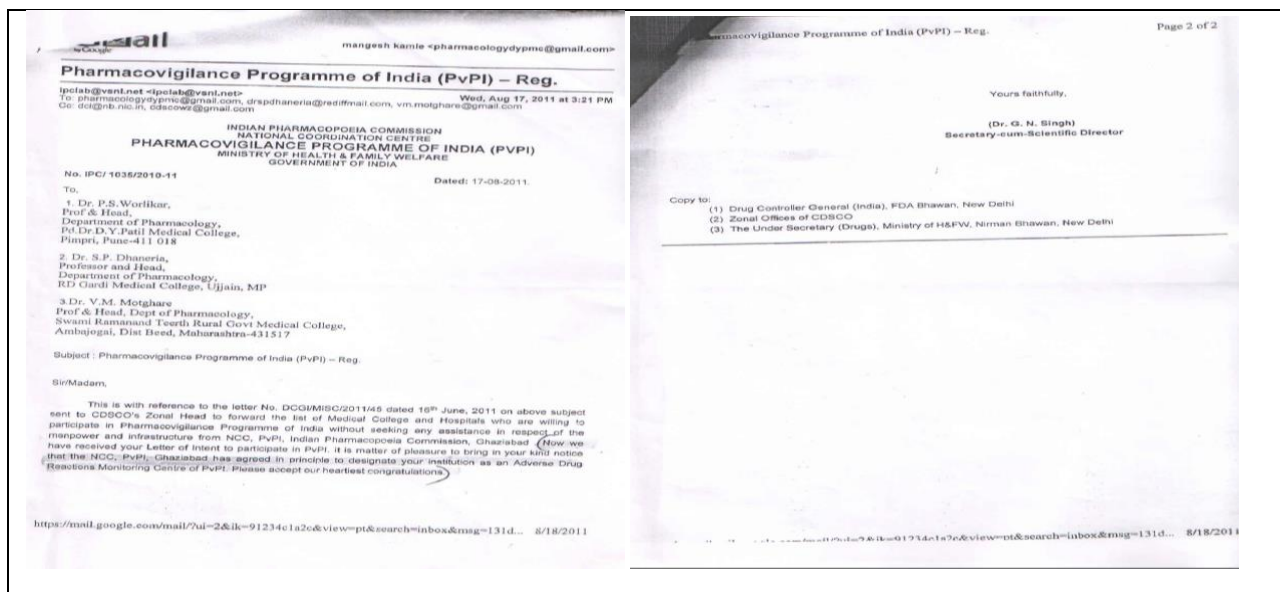
Adverse Drug Reaction Alert Card

Name : _____

Age : _____ Sex : _____

Address : _____

| S.No. | Drug | Reaction | Date |
|-------|------|----------|------|
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