

PVINS USER MANUAL

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CHAPTER 01: INTRODUCTION

Background

Funded by the U.S. Agency for International Development (USAID), the Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program, implemented by Management Sciences for Health with a consortium of partners, provides pharmaceutical system strengthening assistance for sustained of 6 improvements in health system performance and to advance USAID's goals of preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious disease threats, as well as expanding essential health coverage.

The goal of the global, five-year (2018–2023) program is to enable low- and middle-income countries to strengthen their pharmaceutical systems to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medicines and medicine-related pharmaceutical services. To achieve this goal, the MTAPS program has the following objectives:

- Strengthening pharmaceutical sector governance
- Increase institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products
- Improve availability and use of pharmaceutical information for decision making and advance global learning agenda
- Optimize pharmaceutical sector financing, including resource allocation and Use
- Enhance pharmaceutical services, including product availability and patient centered care to achieve desired health outcomes

The USAID Mission in Bangladesh has provided funding to the MTaPS to continue the work that begun under the predecessor program, Systems for Improved Access to Pharmaceuticals and Services (SIAPS) to strengthen the Ministry of Health and Family Welfare (MOHFW) and its key directorates, i.e., Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), and Directorate General of Drug Administration (DGDA). MTaPS has been supporting DGDA in the following regulatory functions: Registration and Marketing Authorization, Licensing Establishment, Regulatory Inspection, and Pharmacovigilance (PV).

User's of this document

- HealthCare facilities
- Public Health professionals
- Marketing Authorization Holder
- Consumers

About PViMS

PViMS, or the PharmacoVigilance Monitoring System, is a web-based application used to monitor the safety of medicines. The application was developed by the USAID-funded Systems for Improved Access to Pharmaceuticals and Services [SIAPS] program (2011-2018) and is implemented by the USAID-funded Medicines, Technologies, and Pharmaceutical Services [MTaPS] program (2018-2023), both led by Management Sciences for Health (MSH), a global health nonprofit. PViMS is maintained by MSH.

<u>JBRSOFT</u>, a leading software development company in Bangladesh, has been working closely with the Directorate General of Drug Administration and the MSH MTaPS team to customize the PViMS for the country context, build the Microservice for dashboard, case management and reporting, and provide technical support to users.

Quick access links

Areas of portal	Links
Data entry panel	http://pv.dgda.gov.bd/
User personal portal	https://pvimsdashboard.com/my/portal/login
User manual	https://pvimsdashboard.com/user/guideline
Video tutorials	https://pvimsdashboard.com/admin/video/tutorials
Admin panel	https://pvimsdashboard.com
Live support panel	https://pvimsdashboard.com/support

CHAPTER 02: YELLOW-CARD ACCESS

Visit the DGDA website (http://dgda.gov.bd) or PViMS website (https://pv.dgda.gov.bd) to submit new case information using the Yellow-card.

You can find 'Adverse Drug Reaction Reporting' menu under the Pharmacovigilance Menu. The routing paths are given below:

DGDA website (<u>http://dgda.gov.bd</u>) >> Pharmacovigilance >> Online Reporting System >> Adverse Drug Reaction Reporting.

The landing page for the PViMS can be accessed by clicking this link as follows:

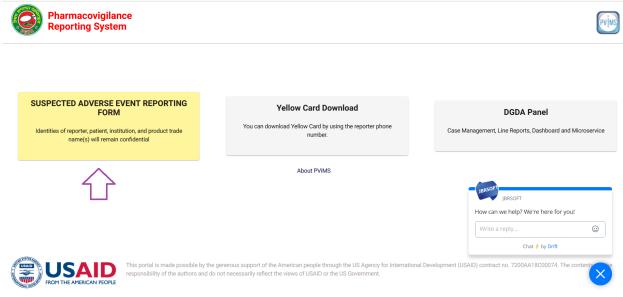


Figure 1: PViMS landing page

You must now click on the Yellow-card box to begin entering data.

CHAPTER 03: YELLOW CARD

The DGDA Yellow Card has been converted into an electronic format. It now consists of four main sections: patient information, suspected adverse event details, suspected drug/vaccine information, and reporter information.

							€Login
Yellow Card							
Detailed inform		be found in the instru		website. (www.cigda.gov.bd). own' or 'n/a' if not applicable	ž.		^
How to fill and	submit the report?						
A. PATIENT INFORM							
Name/Initial				Contact Number		Patient Weight (KG)	
Anna Marca A	the start	1	Age Not Available	Colord Develop 4		0.1.1.0	
Age - Year *	Age - Month	Age - Days		Select Gender *		Select Pregnant Status	
Select Division		Select District		Select Upazila	-	Select Union	×
Post Office/ Village	/ Road / House inform	ation					
B. SUSPECTED ADV	VERSE EVENT INFORM	ATION					
Type of event *	,	If others, Please	Specify	Describe event includin	ıg relevant tests anı	d laboratory results *	
Event Start date *	Event Stoppe	ed date * 📴 🗆	Event Date Not Available	Was the adverse event	treated? -	lf Yes, Please Specify	
Action taken after r	reaction	Did reaction subs	side after stopping / redu	cing the dose of the susp	ected product?		*
Event information				If others, Please Specif	iy		
Did reaction appear	r after reintroducing the	a suspected produc		Seriousness of the adv	erse event 🔹	If serious, please select	-
Outcomes attribute	d to the adverse event	*		If fatal, please select da	ate of death		
Other relevant histo	ory: (pre-existing medi	cal history)		If others, Please Specif	iy		
	ory: (pre-existing media			If others, Please Specif	iv		
				If others, Please Specif	iy		
C. SUSPECTED DRU Brand/Trade name		TION Generic Name wi			y Dosage Form	Frequency (Daily Dose	,.
C. SUSPECTED DRU Brand/Trade name	JG/VACCINE INFORMA	TION Generic Name wi	th strength *	Indication *		Frequency (Daily Dose Divert Information for vaccine)))
C. SUSPECTED DRU Brand/Trade name Medication Start Da Batch/Lot number	JG/VACCINE INFORMA	Generic Name wi	th strength *	Indication *			,.
C. SUSPECTED DRU Brand/Trade name Medication Start Da Batch/Lot number	JG/VACCINE INFORMA ate/Vaccination Date *	TION Generic Name with End Date/Va Manufacturer ORMATION	th strength *	Indication *	Dosage Form		,.
C: SUSPECTED DRU Brand/Trade name Medication Start Dz Batch/Lot number CONCOMITANT M	JG/VACCINE INFORMA ate/Vaccination Date * EDICINE/VACCINE INF * Generic N	TION Generic Name with End Date/Va Manufacturer ORMATION	th strength * socination Time *	Indication *	Dosage Form	Diluent Information for vaccine)))
C. SUSPECTED DRU Brand/Trade name Medication Start Dr Batch/Lot number CONCOMITANT M Brand/Trade Name	DIGIVACCINE INFORMA ate/Vaccination Date * EDICINE/VACCINE INFI * Generic Ni RMATION	TION Generic Name wi End Date/Va Manufacturer DRMATION	th strength * socination Time *	Indication *	Dosage Form	Diluent Information for vaccine ngth & Frequency * Add	,.
C. SUSPECTED DRU Brand/Trade name Medication Start Du Batch/Lot number CONCOMITANT M Brand/Trade Name D. REPORTER INFO	DIGIVACCINE INFORMA ate/Vaccination Date * EDICINE/VACCINE INFI * Generic Ni RMATION	TION Generic Name wi End Date/Va Manufacturer DRMATION	th strength * cocination Time * MEDICINE VACCINE Not A	Indication *	Dosage Form Stre	Diluent Information for vaccine ngth & Frequency * Add)))
C: SUSPECTED DRU Brand/Trade name Medication Start DJ Batch/Lot number CONCOMITANT M Brand/ Trade Name D, REPORTER INFO Source of reporting	DIGIVACCINE INFORMA ate/Vaccination Date * EDICINE/VACCINE INFI * Generic Ni RMATION	TION Generic Name wi End Date/Va Manufacturer DRMATION	th strength * cocination Time * MEDICINE VACCINE Not A	Indication *	Dosage Form Stre	Diluent Information for vaccine ngth & Frequency * Add), ,.
C.SUSPECTED DRU Brand/Trade name Medication Start Dr Batch/Lot number CONCOMITANT M Brand/ Trade Name D REPORTER INFO Source of reporting Name & Address Reporter Name 1	DIGIVACCINE INFORMA ate/Vaccination Date * EDICINE/VACCINE INFI * Generic Ni RMATION	TION Generic Name with End Date/Va Manufacturer DORMATION me * * Re	th strength * cocination Time * MEDICINE VACCINE Not A	Indication *	Dosage Form Stre	Diluent Information for vaccine ngth & Frequency * Add	
C.SUSPECTED DRU Brand/Trade name Medication Start Dr Batch/Lot number CONCOMITANT M Brand/ Trade Name D REPORTER INFO Source of reporting Name & Address Reporter Name 1	NERVICONE INFORMA NERVICENEINE INFORMA NERVICENEINE VACCINE INF * Generic N I	TION Generic Name with End Date/Va Manufacturer DORMATION me * * Re	th strength * cocination Time * MEDICINE VACCINE Not A	Indication *	Dosage Form Stre	Diluent Information for vaccine ngth & Frequency * Add	
C. SUSPECTED DRI Brand/Trade name Medication Start Dr. Batch/Lot number CONCOMITANT M Brand/Trade Name D. REPORTEN NATO Source of reporting Name & Address Reporter Name * Post Office/ Village	NERVICONE INFORMA NERVICENEINE INFORMA NERVICENEINE VACCINE INF * Generic N I	TION Ceneric Name with End Date/Va Manufacturer CREAL	th strength * cocination Time * MEDICINE VACCINE Not A	Indication *	Dosage Form Stre	Diluent Information for vaccine	
C. SUSPECTED DRI Brand/Trade name Medication Start Dri Batch/Lot number CONCOMITANT M Drand Trade Name D BEPORTER INFO Source of reporting Name & Address Reporter Name 1 Post Office/ Village Other information	NERVICONE INFORMA NERVICENEINE INFORMA NERVICENEINE VACCINE INF * Generic N I	TION Generic Name with End Date/Va Manufacturer DRMATION ame * Re ation *	th strength * collution Time * MEDICINE/NACONE Net A	Indication *	Dosage Form Stre	Diluent Information for vaccine	
ExSUSPECTED DRI Brand/Trade name Medication Start Dr Batch/Lot number CONCOMITANT MI Dr REPORTER INFO Source of reporting Name & Address Reporter Name * Post Office/ Village Other information Email Address Surver of the sport scheduler	NERVICONE INFORMA NERVICENEINE INFORMA NERVICENEINE VACCINE INF * Generic N I	TION Generic Name with End Date/Va Manufacturer DRMATION ame * Re ation *	th strength * KERCINETIONE * MERCINETIONE * MERCINETIONE * MERCINETIONE *	Indication *	Dosage Form Stre	Diluent Information for vaccine	

Figure 2: Yellow card single page data entry form

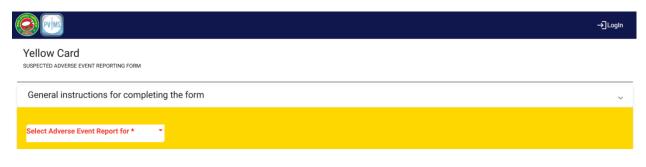
3.1 USER INSTRUCTIONS

You can find the user instructions in this section. It will also help you to explore all user's guidelines.

3.2 SELECT ADVERSE REPORT

Please click on the mandatory field named "Select Adverse Report for*" option. Select from the option as

- Drug or
- Vaccine





3.3 PATIENT INFORMATION (SECTION A)

You need to fill-out the following information:

A. PATIENT INFORMATION							
Name/Initial				Contact Number (Without +88/8	88) 💿	Patient Weight (KG)	0
Age - Year *	e - Month	Age - Days	🔍 🗌 Age Not Available	Select Gender *	•	Select Pregnant Status	
		lige buje					
Select Division		*	Select District	-	Select Upazila		*
Union/ Post Office/ Village/ Road / House information							

Figure 4: Yellow card patient information

- Name/Initial: Enter the patient's full name. It is not mandatory.
- Contact Number: Enter the phone number. It is not mandatory.
- Age*: Enter patient age as Year, Month and Day.
- Weight: Enter weight in KG. It is not mandatory.
- **Gender*:** Select gender. If you select gender as Female then another dropdown will appear with status. Please select pregnancy status.
- **Division:** Select division.
- District: List of districts will appear under this dropdown and select district.
- Upazila: List of Upazila/Thana will appear under this dropdown and Select Upazila/Thana.
- Street address: Enter Union/Post Office/Village/ Road/ House information.

Notes: * refers to mandatory fields

3.4 SUSPECTED ADVERSE EVENT INFORMATION (SECTION B)

B. SUSPECTED ADVERSE EVENT INFORMATION				
Type of event *				
Others	If others, Please Specify *	Describe event including relevant tests and la	boratory results *	
		Was the adverse event treated?		
Event Start date * 🗧 📄 N/A	Event Stopped date * 🗧 📄 N/A	Yes	If Yes, Please Specify *	
Action taken after reaction	Did reaction subside after stopping / reducing the dose of the			
		suspected product?		
Dose reduced	No			
Event information				
Others		If others, Please Specify *		
		Seriousness of the adverse event		
Did reaction appear after reintroducing the suspected produc	t? -	Seriousness of the adverse event	If carious, plasse colort, t	
No	•	Serious	If serious, please select *	
Outcomes attributed to the adverse event *				
Fatal/ Death	-	If fatal, please select date of death *		
		L	<u></u>	
Other relevant history: (pre-existing medical history)				
Others (Please specify)		If others, Please Specify *		

Figure 5: Yellow card suspected adverse event information

- Type of events*: Select type of events (Multiple selection is allowed)
 - Adverse drug reaction
 - Adverse event following immunization
 - \circ Medication error
 - Vaccination error
 - Product quality problem
 - Others
- If other, please specify*: If you select Others, a new mandatory text field named "If other, please specify" will be visible.
- **Describe event including relevant tests and laboratory results*:** You can provide the relevant information here.
- Event start date*: Select event start date
- Event stop date*: Select event stop date
- Was the adverse event treated? Select Yes/No/Not available
- If yes, please specify*: If you select Yes, please enter the details.
- Action taken after reaction: Please select one action from the dropdown list.
 - Dosed stopped
 - \circ Dose reduced
 - \circ No action taken
 - Not available
- Did reaction subside after stopping / reducing the dose of the suspected product? Select Yes/No/Not applicable/Unknown
- Event Information:
 - o Fever
 - Muscle pain
 - o Headache

- o Nausea
- Vomiting
- Coughing
- Breathing difficulty
- Back pain
- o Joint pain
- o Abscess
- o Insomnia
- o High BP
- Low BP
- o Increased heart rate
- Heart failure
- o Myocardial Infarction
- o Anaphylaxis
- Unconscious
- o Others
- If Others, please specify*: If you select Others, a new mandatory text field named "If other, please specify" will be visible.
- Did reaction appear after reintroducing the suspected product? Select Yes/No/Not applicable
- Seriousness: Select Seriousness of the adverse event.
- If serious, please specify*: Multiple selection.
 - Not Serious
 - o Hospitalization or prolongation of hospitalization
 - o Disability or permanent damage
 - o Congenital anomaly / birth defect
 - Life threatening
 - o Death
 - Other Medically important
- Outcomes attributed to the adverse event*: Select outcome.
- If fatal, please select date of death*: If you select Fatal/Death, a new mandatory text field named "If fatal, please select date of death" will be visible.
- Other relevant history: (pre-existing medical history): Please select from multiple selection.
 - Hypersensitivity
 - Allergies
 - Hypertension
 - Liver or kidney problems
 - Smoking
 - o Alcohol
 - Diabetes
 - Others (Please specify):
- If Others, please specify*: If you select Others, a new mandatory text field named "If other, please specify" will be visible.

3.5 SUSPECTED DRUG/VACCINE INFORMATION (SECTION C)

C. SUSPECTED DRUG/VACCINE INFORMATION									
Brand/Trade name		Generic Name with strength *		Indication					
Medication Start Date/Vaccinatio	on Date *		End Date/Vaccination Time	*	🚔 🗌 N/A	Dosage Form		Frequency (I	Daily Dose)
Batch/Lot number		Manufacturer					Diluent Inforr	nation for vac	cine
CONCOMITANT MEDICINE/VACCINE INFORMATION MEDICINE/VACCINE Not Available									
Brand/ Trade Name *	Generic Nar	ne *	Dosage Form *	Ir	ndication *	5	Strength & Frequer	ncy *	Add

Figure 6: Yellow card suspected drug/vaccine information

- Brand/Trade name: Enter the Brand/Trade name. Example: Napa
- Generic name with strength*: Enter the Generic name with strength. Example: Paracetamol 500 mg
- Indication: Enter the Indication. Example: Fever, Mild to moderate pain
- Medication Start Date / Vaccination Date*: Select the date from the calendar
- Medication End Date/ Vaccination Time*: Select the date from the calendar
- **Dosage Form:** Enter the Dosage Form. Example: Child: 2-4 months 60 mg as a single dose. May give a 2nd dose after 4-6 hours if needed. Max: 4 doses daily
- Frequency (Daily Dose): Enter the Daily Dose. Example: TDS, 1+0+1 etc
- **Batch**/ Lot number: Enter the batch or lot number
- Manufacturer: Enter the Manufacturer information
- Diluent Information for vaccine: Enter the Diluent Information for vaccine

3.6 CONCOMITANT MEDICINE/VACCINE INFORMATION

CONCOMITANT MEDICINE/VAC	CINE INFORMATION	MEDICINE/VACCINE Not Available			
Brand/ Trade Name *	Generic Name *	Dosage Form *	Indication *	Strength & Frequency *	Add

Figure 7: Yellow card concomitant medicine/vaccine information

- **Brand/Trade Name*:** Enter the Brand/Trade name.
- Generic Name*: Enter the Generic Name.
- **Indication*:** Enter the Indication.
- **Dosage Form*:** Enter the Dosage Form.
- Strength & Frequency*: Enter the Strength & Frequency.

3.7 REPORTER INFORMATION (SECTION D)

D. REPORTER INFORMATION		
Source of reporting *	Reporting Type *	nitial Report ID
Reporter Name *		
Reporter Address: Division, District, Upazila, Union, Post Offic	ce, Village, House Information *	
Email Address	Mobile phone (Without +88/88) *	Occupation *
Date of this report submission *		
5/14/2024	Organization *	

Figure 8: Yellow card reporter information

- Source of reporting*: Select the reporting source
- **Reporting type*:** Enter the reporting type.
- Initial report ID: Enter previously submitted case ID.
- **Reporter Name*:** Enter the reporter name.
- **Reporter address*:** Enter the reporter address.
- **Reporter Email:** Enter the reporter email address.
- **Reporter Phone*:** Enter the reporter's phone number.
- **Reporter Occupation*:** Enter the reporter occupation.
- **Report submission date*:** Select the submission date.
- **Organization**/ **Company*:** Enter the facility/ company or organization information. It will populate following the source of reporting.
- If other*: If you don't find your organization, you can select the "Other" option and specify your organization/ company name.

3.8 REPORT SUBMISSION



Figure 9: Yellow card report submission

Finally, click on the Submit Report button and submit it. An alert will appear before Submit.

Alert text: *The information provided here are true to the best of my knowledge.*

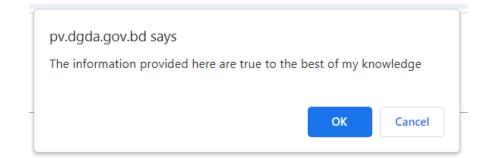
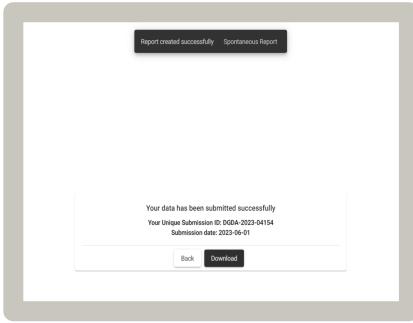


Figure 10: Yellow card pre-alert

Once it is successfully submitted the following unique registration number will be generated:



3.9 YELLOW-CARD GENERATE AND DOWNLOAD PROCESS

Figure 11: Yellow card case submission confirmation

Once it is successfully submitted the yellow card from the front end then it is stored in PViMS back end. You can easily generate and download the yellow card from the Spontaneous report any time.

CHAPTER-04: YELLOW CARD ACCESS AND DOWNLOAD

4.1 Current case status observations

Any user's or marketing authorization holders can see the current status of their submitted case. It is accessible from the following panel: <u>https://pvimsdashboard.com/report/status</u>.



Figure 12: Case status checking panel

It requires Case-ID which was generated during a case submission. Once you enter a case information, you can see the following result.

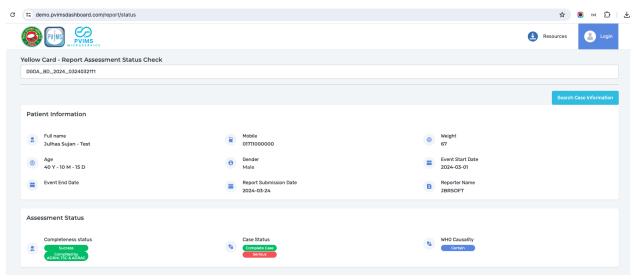


Figure 13: Case information (Test case)

4.2 Yellow Card Access and Download by Reporters (User's portal)

On the Microservice, a user's portal has been developed. Any of the data entry people can login into the portal and access their previously entered all reports. Link: <u>https://pvimsdashboard.com/my/portal/login</u>.

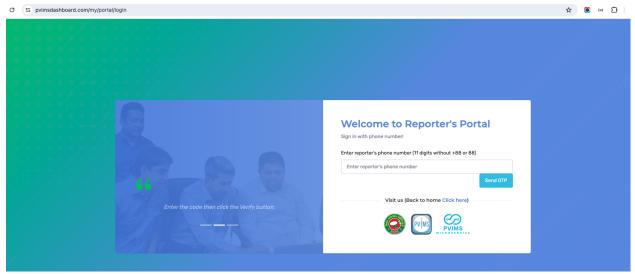


Figure 14: Reporter's panel

Step-1: Reporter's required to enter their phone number for its verification purposes. This panel will send an OTP (6 digits One Time Password) to their phone number.

	Welcome to Reporter's Portal Sign in with phone number!
	Enter your six digits verification code
	Enter your six digits verification code
	An OTP is sent to your phone. Please check your message inbox and enter the OTP to verify your identity. Visit us (Back to home Click here)
Enter the code then click the Verify button.	

Figure 15: OTP verification

Once you enter wrong OTP, it will show the following message:

	Welcome to Reporter's Portal Sign in with phone number!
	Enter your six digits verification code
	403888
Note: Once you enter the reporter's phone number and click the Send OPT button, a six-digit code will be sent to your phone number.	Verify and Download Sorry, your submitted OTP didn't match. Please try again!. Visit us (Back to home Click here)

Figure 16: Wrong OTP

When you enter wright OTP, you can see the following options from your portal:

demo.pvimsdashboard.com/my/portal					☆ 🖲
	Yellow C:	ard Download		Open a Ticket	
	Report ID	Submission date	Adverse event type	Action	
	DGDA-2024-01011	2024-04-01		🗢 Download File	
My Affiliation	DGDA-2024-01012	2024-04-01		Download File	
	DGDA-2024-01013	2024-04-01		Download File	
Name:	DGDA-2024-01010	2024-04-01		Download File	
Organization: Designation:	DGDA-2024-01014	2024-04-01		Download File	
E-mail:	DGDA-2024-01016	2024-04-01		Download File	
Address: Phone:	DGDA-2024-01015	2024-04-01		Download File	
	DGDA-2024-01017	2024-04-01		Download File	
	DGDA-2024-01019	2024-04-01		Download File	

Figure 17: Reporter portal (Test data)

4.3 Support ticket

User can also open support ticket to get assistance from the DGDA and the technical team from the same panel:

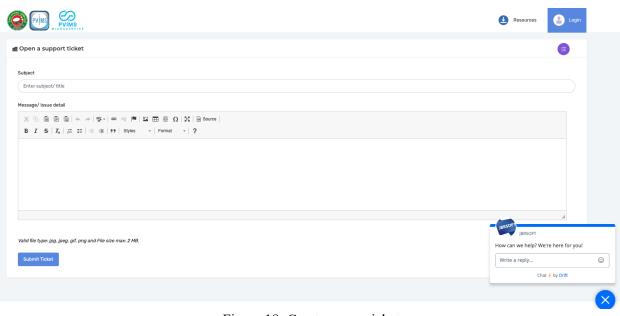


Figure 18: Create a new ticket

List of tickets:

		Te	low Card Downlo	au					Open a Ti	UNUL		
Сору	Exc	cel PDF	Print							Search:		
S/N	÷	Support ID	÷ Subject	÷ Priorit	λ ÷	Message	*	÷ Status	Created ÷ Date	solved Date	÷ Action	ı
						No result fo	ound					
Showing	0 to 0) of 0 entries									Previous	Nex

Figure 19: Support ticket panel

CHAPTER 09: GUIDELINE

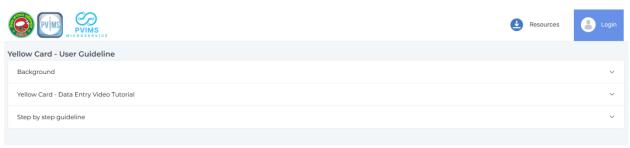
You can browse the guideline by clicking on "Data Entry Guideline" from the "Guideline" menu. "Guideline" menus have two sub-menus. One is "Data Entry Guideline" and another is "Admin Video Tutorials".

		мян	
Dashboard ICSR ~	JI Repo	rts \sim \mathscr{B} Configuration \sim Ω Support \Box Guideline \sim	
Greetings MSH! Here's what's happening with your dat	shboard.	Data Entry Guideline Image: Comparison of the second sec	
Summary statistics		Monthly case distribution	
TOTAL REPORTED CASES	303	Number of Adverse Event Reports - Active	
PENDING ASSESSMENT	154	40	
COMPLETE CASES	150	ي 30	
INCOMPLETE CASES	103		
FACILITIES	7		
MARKETING AUTHORIZATION HOLDERS	292	" man har	
PUBLIC HEALTH	1		
CONSUMER	2		
		 Total records 	

Figure 96: User guideline access

After clicking on "Data Entry Guideline": You can browse Background, Yellow Card - Data Entry Video Tutorial and Step by step guideline. By default, it is opened in expand mode on "Data Entry Video Tutorial" collapse.

After closing collapse:





Background:

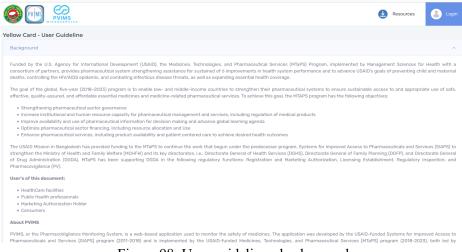


Figure 98: User guideline - background

9.1 Video guidelines for data entry users

		Resources	🔒 Login
Background			~
Yellow Card - Data Entry Video Tutorial			
	PYINS DATA ENTRY Part-1	000/17:37 4	• ::
Step by step guideline			

Figure 99: User guideline - data entry

9.2 Step by step guidelines

							_
	AS RVICE					Resources	
1. USER INSTRUCTIONS: Y	'ou can find the user instruc	tions in this section.					
2. PATIENT INFORMATION	You need to fill-out the follo	owing information:					
A. PATIENT INFORM	MATION						
Name/Initial				Contact Number		Patient Weight (KG)	
Age - Year *	Age - Month	Age - Days	Age Not Available	Select Gender *	*	Select Pregnant Status	~
Select Division	÷	Select District	÷	Select Upazila	*	Select Union	•
Post Office/ Village	/ Road / House informa	ition					
 Contact number: Ent Age*: Enter patient a Weight*: Enter weigh Gender*: Select gend Division: Select divisi District: List of distric Thana: List of thana 	ler. If you select gender as F	nandatory. Female then another drop his dropdown and select dropdownand Select Thai	district.	us. Please select pregnancy status.			
Notes: * refers to mandate	ory fields						
3. SUSPECTED ADVERSE	EVENT INFORMATION						

Figure 100: User step-by-step guideline

9.3 Admin Video Tutorials

You can browse the Video guideline by clicking on "Admin Video Tutorials" from the "Guideline" menu. You can watch various videos by clicking on specific categories.

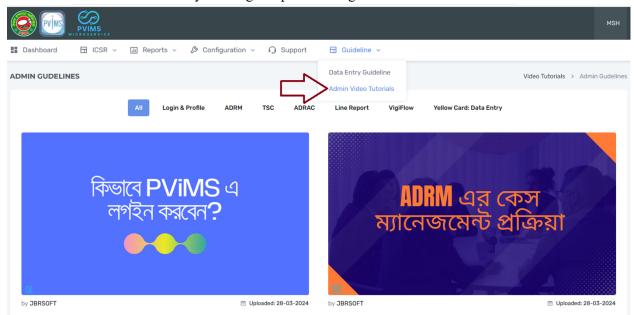


Figure 101: Video tutorials

Video Play and Close: Please click on Video to watch it and click on "X" sign when you want to close it.



Figure 102: Playing a video

CHAPTER 10: LOGOUT PROCESS

To log out of PViMS, click on the "Logout" menu and the user will be redirected to the public page (https://pvimsdashboard.com/public).

			MS
🖬 Dashboard 🛛 ICSR 🗸	JI Rep	rts 🗸 🖉 Configuration 🗸 🖸 Support 🛛 🖬 Guideline 🗸	Welcome!
Greetings MSH!			
Here's what's happening with your da	shboard.		& Logout
Summary statistics		Monthly case distribution	
TOTAL REPORTED CASES	303	Number of Adverse Event Reports - Active	≡
PENDING ASSESSMENT	154	40	
COMPLETE CASES	150	g 30	
INCOMPLETE CASES	103		
FACILITIES	7		
MARKETING AUTHORIZATION HOLDERS	292	" man have the	
PUBLIC HEALTH	1		2014 0214 0214 0214 0214 0214 0214 0214
CONSUMER	2	אלי	591. 191. 181. 181. 181. 181.
REPORTING SOURCE - OTHERS	1	 Total records 	

Figure 103: Logout link

After logout it is redirected to the given page.

	MS Res	sources	Login
<u>∦</u> ″ 	PVIMS		
	DASHBOARD		
CLI		soft Help? We're here f y Chat 🐓 by Drit	
		chnical Assistance RSOFT.	a by:

Figure 104: Open Dashboard

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