Name:

Enrolment No:



UNIVERSITY OF PETROLEUM AND ENERGY STUDIES End Semester Examination, December 2022

Course: Pharmacovigilance II Semester: V
Program: B. Sc. (Clinical Research)
Course Code: HSCR3002

Max. Marks: 100

Instructions:

S. No.	Section A	Marks	COs
	Short answer questions/ MCQ/T&F		
	(20Qx1.5M=30 Marks)		
Q 1	What is Periodic Safety Update Report?	1.5	CO1
Q 2	Name the regulatory bodies of US and Canada?	1.5	CO2
Q 3	What are the objectives of an SOP document?	1.5	CO1
Q 4	What do you understand by good pharmacovigilance process?	1.5	CO2
Q 5	What is a Contract Research Organization (CRO)?	1.5	CO2
Q 6	What are the minimum criteria required for a valid case?	1.5	CO2
Q 7	When do you consider an event to be serious?	1.5	CO1
Q 8	What is CIOMS?	1.5	CO2
Q 9	What is the frequency for MedDRA updates?	1.5	CO2
Q 10	Define cohort study?	1.5	CO2
Q 11	A safety signal could be:	1.5	CO1
	A. A new, previously unknown, adverse event		
	B. A new drug interaction		
	C. An observed change in quantity, severity, or in the affected		
	population of a known adverse event		
Q 12	D. All of the above What is targeted clinical investigations?	1.5	CO2
Q 12	Define active surveillance?	1.5	CO2
Q 13	Health care providers are required to report all adverse drug	1.5	CO2
Q 14	events.	1.5	COI
	True or False?		
Q 15	What is the role of Pharmacovigilance on Vaccines Control?	1.5	CO1
Q 16	When GVP guidelines were implemented and which of the	1.5	CO ₂
Q 10	modules are relevant for ICSR?	1.3	CO2
Q 17	Give two advantages of a Cross-Sectional Study?	1.5	CO2
Q 18	What do you mean by causality?	1.5	CO2
Q 19	What are the objectives of AEFI detection?	1.5	CO2
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Q 20	What is a AE and how is it different from ADR?	1.5	CO2
	Section B		
0.1	(4Qx5M=20 Marks)		001
Q1	Which information should be included in the 'adverse reaction	5	CO1
0.2	reporting form'? Elaborate. Enlist the various pharmacovigilance database? Discuss roles and	5	CO3
Q 2	responsibilities of any two in detail?	5	COS
Q 3	Explain Pharmacovigilance Program of India (PvPI)?	5	CO3
Q 4	Describe the pharmacovigilance communications and	5	CO4
٧Ŧ	pharmacoepidemiology studies?	3	CO4
	primitive option in order to the control of the con		
	Section C		
	(2Qx15M=30 Marks)		
Q 1	The patient is a 59-year-old male with Type 2 diabetes,	15	CO1
	hyperlipidemia, and hypertension. He has no history of liver		
	disease.		
	Background:		
	• Started Drug X on Feb 11, 2016		
	Other medications: simvastatin and lisinopril		
	• Labs drawn on Feb 11 revealed liver enzymes, INR, creatinine,		
	and bilirubin all within normal limits		
	• No alcohol use		
	• 8 weeks after starting Drug X, patient presented to ER with 5-		
	day history of jaundice, dark urine, and nausea/vomiting		
	• He was admitted to ICU and subsequently diagnosed with acute liver failure		
	• Drug X stopped upon admission		
	Viral hepatitis was ruled out		
	• 7 days after stopping the medication, all lab values returned to		
	normal		
	Q (i) List two reasons why this patient may be at risk for an		
	adverse event.		
	Q (ii) Is a temporal relationship of acute liver failure with drug		
	X reported in this case? Yes or No		
	Q (iii) Based on the information on recovery of acute liver failure		
	reported in this case,		
	the patient experienced:		
	A. Positive rechallenge		
	B. Negative dechallenge		

	C. Dositivo doshallares				
	C. Positive dechallenge				
	D. Negative rechallenge				
	Q (iv) Name two characteristics in this case that support a causal				
	association of acute				
	liver failure with Drug X.				
	Q (v) Based on this case, should regulatory action be taken to				
	add acute liver failure to the label? If not, what additional				
	information may be helpful?				
Q 2	What is pharmacovigilance audits? Discuss the types and quality	15	CO3		
	cycle of pharmacovigilance system audits?				
Section D					
(2Qx10M=20 Marks)					
Q 1	Write down two examples or cases of expedited reporting with	10	CO4		
	explanations?				
Q 2	Write a note on the following:	10	CO1		
	a) Case narrative writing				
	b) Case processing in pharmacovigilance				