

Certification of Pharmacovigilance Commitments

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company/Organization]

[Company Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter serves to certify that [Your Company/Organization] is committed to upholding the highest standards in pharmacovigilance practices as part of our dedication to patient safety and compliance with regulatory requirements.

Our pharmacovigilance activities include, but are not limited to:

- Systematic monitoring of adverse drug reactions
- Timely reporting of safety concerns
- Implementation of risk management strategies
- Ensuring continuous education and training of our staff

We are dedicated to maintaining our pharmacovigilance system and continuously improving our processes to reflect best practices and regulatory guidelines.

For any inquiries or further information, please do not hesitate to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Company/Organization]