UK

Pregnancy reports must be sent to Accord Medical information IMMEDIATELY

This form must be returned to Accord: Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, United Kingdom
Phone: 01271 385257 Fax: 01271 346106 Email: rmpteam@accord-healthcare.com

NOTE: Please use the first three letters of the month (e.g.: JAN)

Date of awareness: D D M O N Y Y Y Y

Patient Data

Sex of Patient: ◯ Female ◯ Male

◯ Pregnancy of Patient
◯ Pregnancy of Patient's Partner **OR**
◯ Exposure of a Pregnant Female (complete information below)

Pregnant Woman's Initials (F, M, L):		Date of Birth:	D D M O N Y Y Y Y	Age:	
Patient Initials (F, M, L): (Who received drug)		Date of Birth:	D D M O N Y Y Y Y	Age:	
Drug Name:					
Date of First Dose:	D D M O N Y Y Y Y	Date of Last Dose:	D D M O N Y Y Y Y		

Pregnancy Initially Diagnosed By:

◯ Home Urine Test
◯ Office Urine Test
◯ Serum Test

Date of Pregnancy Test: D D M O N Y Y Y Y Last Menstrual Period: D D M O N Y Y Y Y

Female is Currently: ____ weeks pregnant **OR** ◯ No longer Pregnant ◯ Unknown

Female has Elected to:
◯ Carry Pregnancy to Term — Expected Date of Delivery: D D M O N Y Y Y Y
◯ Terminate Pregnancy — Date Performed or Pending: D D M O N Y Y Y Y

Reporter's Information:

Reporter's Name:		Date:	D D M O N Y Y Y Y
Reporter's Contact Information/ Address:		Reporter's Signature:	
		Reporter's Phone Number:	
Reporter's E-mail Address:		Reporter's Fax Number:	

Patient's Prescribing Physician's Information:

Physician's Name:		Date:	D D M O N Y Y Y Y
Physician's Contact Information/ Address:		Physician's Signature:	
		Physician's Phone Number:	
Physician's E-mail Address:		Physician's Fax Number:	

accord

UK

Pregnancy reports must be sent to Accord Medical information IMMEDIATELY

This form must be returned to Accord: Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, United Kingdom
Phone: 01271 385257 Fax: 01271 346106 Email: rmpteam@accord-healthcare.com

NOTE: Please use the first three letters of the month (e.g.: JAN)

Background Information on Reason for Pregnancy

Was patient erroneously considered not to be of childbearing potential?	○ Yes	○ No
If yes, state reason for considering not to be of childbearing potential		
• Age ≥ 50 years and naturally amenorrhoeic* for ≥ 1 year *amenorrhoea following cancer therapy or during breastfeeding does not rule out childbearing potential	○ Yes	○ No
• Premature ovarian failure confirmed by a specialist gynaecologist	○ Yes	○ No
• Previous bilateral salpingo-oophorectomy, or hysterectomy	○ Yes	○ No
• XY genotype, Turner syndrome, uterine agenesis.	○ Yes	○ No
Indicate from the list below what contraception was used		
• Implant	○ Yes	○ No
• Levonorgestrel-releasing intrauterine system (IUS)	○ Yes	○ No
• Medroxyprogesterone acetate depot	○ Yes	○ No
• Tubal sterilization (specify below)	○ Yes	○ No
○ Tubal ligation	○ Yes	○ No
○ Tubal diathermy	○ Yes	○ No
○ Tubal chips	○ Yes	○ No
• Sexual intercourse with a vasectomized male partner only; vasectomy must be confirmed by two negative semen analyses	○ Yes	○ No
• Ovulation inhibitory progesterone-only pills (i.e. desogestrel)	○ Yes	○ No
• Other progesterone-only pills	○ Yes	○ No
• Combined oral contraceptive pill	○ Yes	○ No
• Other intra-uterine devices	○ Yes	○ No
• Condoms	○ Yes	○ No
• Cervical cap	○ Yes	○ No
• Sponge	○ Yes	○ No
• Withdrawal	○ Yes	○ No
• Other	○ Yes	○ No
• None	○ Yes	○ No
Indicate from the list below the reason for contraceptive failure		
• Missed oral contraception	○ Yes	○ No
• Other medication or intercurrent illness interacting with oral contraception	○ Yes	○ No
• Identified mishap with barrier method	○ Yes	○ No
• Unknown	○ Yes	○ No
• Had the patient committed to complete and continuous abstinence	○ Yes	○ No
• Was the drug started despite patient already being pregnant	○ Yes	○ No
• Did patient receive educational materials on the potential risk of teratogenicity	○ Yes	○ No
• Did patient receive instructions on need to avoid pregnancy	○ Yes	○ No

accord

UK

Pregnancy reports must be sent to Accord Medical information IMMEDIATELY

This form must be returned to Accord: Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, United Kingdom
Phone: 01271 385257 Fax: 01271 346106 Email: rmpteam@accord-healthcare.com

NOTE: Please use the first three letters of the month (e.g.: JAN)

Background Information on Reason for Pregnancy

Prenatal information

Date of Last Menstrual Period:	D D M O N Y Y Y Y	Expected Delivery Date:	D D M O N Y Y Y Y

Pregnancy test

Urine Qualitative ○	Reference Range:	Date:	D D M O N Y Y Y Y
Serum Quantitative ○	Reference Range:	Date:	D D M O N Y Y Y Y

Past Obstetric History

Year of Pregnancy	Outcome	Gestational Age	Type of Delivery
Y Y Y Y	○ Spontaneous abortion ○ Therapeutic abortion ○ Live birth ○ Still birth		
Y Y Y Y	○ Spontaneous abortion ○ Therapeutic abortion ○ Live birth ○ Still birth		
Y Y Y Y	○ Spontaneous abortion ○ Therapeutic abortion ○ Live birth ○ Still birth		
Y Y Y Y	○ Spontaneous abortion ○ Therapeutic abortion ○ Live birth ○ Still birth		
Y Y Y Y	○ Spontaneous abortion ○ Therapeutic abortion ○ Live birth ○ Still birth		

Birth defects

Was there any birth defect from any pregnancy?	○ Yes	○ No	○ Unknown
Is there any family history of any congenital abnormality abstinence?	○ Yes	○ No	○ Unknown

If yes to either of these questions, please provide details below:

Maternal Past Medical History

Condition	Dates	Treatment	Outcome
	From: D D M O N Y Y Y Y To: D D M O N Y Y Y Y		
	From: D D M O N Y Y Y Y To: D D M O N Y Y Y Y		
	From: D D M O N Y Y Y Y To: D D M O N Y Y Y Y		
	From: D D M O N Y Y Y Y To: D D M O N Y Y Y Y		
	From: D D M O N Y Y Y Y To: D D M O N Y Y Y Y		

accord

UK

Pregnancy reports must be sent to Accord Medical information IMMEDIATELY

This form must be returned to Accord: Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, United Kingdom
Phone: 01271 385257 Fax: 01271 346106 Email: rmpteam@accord-healthcare.com

NOTE: Please use the first three letters of the month (e.g.: JAN)

Maternal Current Medical Conditions

Condition	From	Treatment
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	
	D D M O N Y Y Y Y	

Maternal Social History

Alcohol ◯ Yes ◯ No	Tobacco ◯ Yes ◯ No	IV or recreational drug use ◯ Yes ◯ No
If yes, amount/units per day:	If yes, amount per day:	If yes, provide details:

Maternal medication during pregnancy and in 4 weeks before pregnancy

(including herbal, alternative and over the counter medicines and dietary supplements)

Medication/treatment	Dates		Indication
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	
	Start Date:	D D M O N Y Y Y Y	
	Stop Date/Continuing:	D D M O N Y Y Y Y	

Name of person completing this form

Name:		Signature:
Date:	D D M O N Y Y Y Y	

accord

UK

Pregnancy reports must be sent to Accord Medical information IMMEDIATELY

This form must be returned to Accord: Accord-UK Ltd, Whiddon Valley, Barnstaple, Devon, EX32 8NS, United Kingdom
Phone: 01271 385257 Fax: 01271 346106 Email: rmpteam@accord-healthcare.com

NOTE: Please use the first three letters of the month (e.g.: JAN)

Data Privacy Notice

Your personal data will be processed by Accord-UK Ltd, Whiddon Valley, Barnstaple, EX32 8NS, United Kingdom.
For further information on how Accord-UK Ltd processes your personal data along with your rights,
please refer to our privacy notice located at https://www.accord-healthcare.com/

Reporter's Signature (required):

Signature:	Date signed: D D M O N Y Y Y Y

On behalf of Accord, thank you for providing information that will assist us in our commitment to patient safety.