

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 letter of the month (e.g. JAN)

Reporter information

Reporter Name:	
Address:	
City, County, Country:	
Phone No.:	
Fax No.:	

Patient information

Patient ID:		Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ethnicity: <input type="radio"/> White <input type="radio"/> African-American <input type="radio"/> Other, specify below:	
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Partner of patient information

Not applicable Ethnicity: White African-American Other, specify below:

Pregnancy outcome

Date of delivery:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gestation age at delivery:	
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Normal No Yes
C-section No Yes
Induced No Yes
Ectopic pregnancy No Yes
Elective termination No Yes
Spontaneous abortion (≤20 weeks) No Yes
Foetal death/stillbirth (>20 weeks) No Yes
Were the products of conception examined? No Yes

Date: | |

Weeks from LMP:

If yes, was the foetus normal? No Yes Unknown If no, describe below:

Obstetrics information

Complications during pregnancy	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	
Complications during labour/delivery	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	
Post-partum maternal complications	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	

Foetal outcome

Live normal infant No Yes
Foetal distress No Yes
Intra-uterine growth retardation No Yes
Neonatal complication No Yes If yes, please specify
Birth defect noted? No Yes If yes, please specify

Sex: Male Female **Birth weight:** ____ lbs ____ oz. or ____ kg **Length:** ____ inches or ____ cm.

Apgar score: 1 min: ____ 5 min: ____ 10 min: ____ Unknown

Signature of person completing this form

Signature:	
	Date: <input style="width: 100px;" type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

UK

Lenalidomide
Event-Specific Questionnaire for HCP - Pregnancy Outcome Form
(Patient or Partner of Patient)

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