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

UK

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)

Regorder Name: Address: City, County, County, County, Phone No.: Fax No.: Patient Information Patient Information Date of Birth: D D M D N Y Y Y Y Ethnicity: White African-American Other, specify below Patient Information Other, specify below Pregnancy outcome Date of delivery: D D M D N Y Y Y Y Y Gestation age at delivery: Normal No Yes Normal No Yes Date: D D M D N Y Y Y Y Gestation age at delivery: Normal No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: Date: D D M D N Y Y Y Y Y Substitute termination No Yes Date: Date: D D M D N Y Y Y Y Y Y Substitute termination No Yes Date: D D M D N Y Y Y Y Y Y Substitute termination No Yes No Yes Date: D D M D N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				<i>-</i>				
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Patient information Patient ID: Date of Birth: D D M D N Y Y Y Y Ethnicity: White African-American Other, specify below Partner of patient information Not applicable Ethnicity: White African-American Other, specify below Pregnancy outcome Date of delivery: D D M D N Y Y Y Y Y Gestation age at delivery: Normal C-section No Yes Etecplop pregnancy No Yes Elective termination t	City, County, Country:							
Patient information Patient ID: Date of Birth: D D M D N Y Y Y Bethnicity: White African-American Other, specify below Patient of patient information Not applicable Ethnicity: White African-American Other, specify below Pregnancy outcome Date of delivery: D D M D N Y Y Y Y Bethnicity: White African-American Other, specify below Normal No Yes C-section No	Phone No.:							
Patient Information Patient ID: Date of Birth: D D M D N Y Y Y Ethnicity: White African-American Other, specify below. Patient ID: Date of Birth: D D M D N Y Y Y Y Ethnicity: White African-American Other, specify below. Pregnancy outcome Date of delivery: D D M D N Y Y Y Y Y Gestation age at delivery: Normal No Yes C-section No Yes C-section No Yes C-topic pregnancy No Yes C-polication of Capture (20 weeks) No Yes Foetal destricts information Obstetrics information Obstetrics information Obstetrics information Obstetrics information No Yes If yes, please specify Complications during labour/delivery No Yes Post-partum maternal complications No Yes If yes, please specify Foetal distress No Yes If yes, please specify Foetal outcome Live normal infant No Yes If yes, please specify Sex: Male Female Birth weight: Ibs Oz or Kg Length: inches or cm. Apgar score: 1 min: 5 min: 10 min: Unknown Signature:	Fax No.:							
Patient ID: Date of Birth: D D W D W Y Y Y Y Ethnicity: White African-American Other, specify below D W D D W D W D D W D D W D D D D D D	Patient information							
Partner of patient information Not applicable Ethnicity: White African-American Other, specify below Pregnancy outcome Date of deliveny: D D M D N Y Y Y Y D Gestation age at delivery: Normal No Yes Coection No Yes Ectopic pregnancy No Yes Ectopic pregnancy No Yes Ectopic pregnancy No Yes Spontaneous abortion (±20 weeks) No Yes Were the products of conception No Yes Were the products of conception No Yes If yes, please specify Date: Date: D D M D N Y Y Y Y Y D Weeks from LMP: Obstetrics information Complications during pregnancy No Yes If yes, please specify Post-partum maternal complications No Yes If yes, please specify Foetal dutcome Live normal infant No Yes If yes, please specify Foetal deleters No Yes If yes, please specify Foetal contended No Yes If yes, please specify Foetal contended No Yes If yes, please specify Foetal outcome Live normal infant No Yes If yes, please specify Foetal contended No Yes If yes, please specify Sex: Male Female Birth weight: Ibs oz. or kg Length: Inches or cm. Apagar score: 1 min: 5 min: 10 min: Unknown Signature:		a of Dieth				The init of Mileter	African America	Other enesity below
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Pregnancy outcome Date of delivery: D D M O N Y Y Y Y Y D Gestation age at delivery: Normal		on						_
Date of delivery: Date of delivery: D D M O N Y Y Y Y Y Gestation age at delivery:	Not applicable				E	Ethnicity: O White	e African-America	an Other, specify below:
Normal	Pregnancy outcome							
C-section	Date of delivery: D D M	0 N Y	YYY	Gestation ag	ge at delivery:			
Induced	Normal	O No	O Yes					
Ectopic pregnancy	C-section	O No	O Yes					
Elective termination	Induced	O No	O Yes					
Spontaneous abortion (<20 weeks) No Yes Foetal death/stillbirth (>20 weeks) No Yes Were the products of conception examined? Weeks from LMP:	Ectopic pregnancy	O No	O Yes					
Foetal death/stillbirth (>20 weeks)	Elective termination	O No	O Yes	Date:		D D M	0 N Y Y Y	Y
Were the products of conception	Spontaneous abortion (≤20 weeks)	O No	O Yes	Weeks from	LMP:			
Obstetrics information Complications during pregnancy	Foetal death/stillbirth (>20 weeks)	O No	O Yes	_		'		
Complications during pregnancy	Were the products of conception examined?	O No	O Yes	If yes, was the t	oetus normal?	O No	o Yes Unk	nown If no, describe below
Complications during labour/delivery	Obstetrics information							
Post-partum maternal complications No Yes If yes, please specify Foetal outcome Live normal infant No Yes Foetal distress No Yes Intra-uterine growth retardation No Yes If yes, please specify No Yes If yes, please specify Birth defect noted? No Yes If yes, please specify Sex: Male Female Birth weight: Ibs	Complications during pregnancy	O No	O Yes	If yes, please sp	ecify			
Foetal outcome Live normal infant	Complications during labour/delivery	O No	O Yes	If yes, please sp	ecify			
Live normal infant	Post-partum maternal complications	O No	O Yes	If yes, please sp	ecify			
Foetal distress	Foetal outcome							
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: Ibs oz. or kg Length: inches or cm. Apgar score: 1 min: 5 min: 10 min: Unknown Signature of person completing this form Signature:	Live normal infant	O No	O 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:	Foetal distress	O No	O Yes					
Birth defect noted? No Yes If yes, please specify Sex: Male Female Birth weight: Ibs oz. or kg Length: inches or cm. Apgar score: 1 min: 5 min: Unknown Signature of person completing this form Signature:	Intra-uterine growth retardation	O No	O Yes					
Sex: Male Female Birth weight: Ibs oz. or kg Length: inches or cm. Apgar score: 1 min: 5 min: 10 min: Unknown Signature of person completing this form Signature:	Neonatal complication	O No	O Yes	If yes, please sp	ecify			
Apgar score: 1 min: 5 min: 10 min: O Unknown Signature of person completing this form Signature:	Birth defect noted?	O No	O Yes	If yes, please sp	ecify			
Signature of person completing this form Signature:	Sex: O Male O Female Bi	rth weigh	t: lbs	oz. or	kg Lenç	gth: inches	orcm.	
Signature:	Apgar score: 1 min: 5 mi	n:	10 min:	O Unkno	own			
	Signature of person comple	ting this	form					
	Signature:							
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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	М	0	\mathbb{N}	Υ	Υ	Υ	Y

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

