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:

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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

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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		

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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

If yes, amount/units per day:

Tobacco ☐ Yes ☐ No

If yes, amount per day:

IV or recreational drug use ☐ Yes ☐ No

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:

Date: D D M O N Y Y Y Y

Signature:

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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.