## Anthrax Vaccine in Pregnancy Registry Referral Form Patient Identity Kept Confidential

## Supplemental Information for BioThrax® Anthrax Vaccine in Pregnancy Registry

Return to NHRC-VaccineRegistry@med.navy.mil via encrypted email or secure FAX 619-767-4806

Telephone: 619-553-9255 or DSN 553-9255. POC: Dr. A. Conlin

Other ways to report Vaccine Adverse Events: <a href="http://vaers.hhs.gov">http://vaers.hhs.gov</a>, 800-822-7967, PO Box 1100, Rockville, MD 20849-1100 Clinical consultation on vaccination issues may be referred to the Vaccine Healthcare Centers, <a href="http://www.vhcinfo.org">www.vhcinfo.org</a>, 301-319-2904

These data will be used to increase understanding of adverse events following vaccination and will become part of Centers for Disease Control and Prevention Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems." Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.

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Patient Name:		Form completed by:			
Study referral number:		Email and/or phone:			
Last 4 digits of Patient's SSN:					
Patient date of birth:	oirth: Age:		Relation to patient:		
Patient mailing address:		Date form completed:			
Patient email and phone:					
Patient military rank, MOS, and bra	anch of service:				
Patient military unit and location:					
Date anthrax vaccination given:					
Dose# if known:	Lot #:				
Any illness at the time of vaccine?	Yes No				
If yes, please describe:					
Was a VAERS report submitted to	VAERS at http://vaers.hh	s.gov ? Yes	s No		
If so please provide VAERS report	Number:				
Healthcare provider has discussed	potential risks associated	d with receipt o	f the anthrax vaccin	e in pregnancy with the	
patient. Yes No	at was provided to the pa	tiont? Voc	No		
Registry Information/Invitation She	et was provided to the pa	tient? Yes	No		
Vaccination facility name/location:	tarad tha aama day aa an	throw? Voo	No		
Was smallpox vaccination adminis	•		_		
If so was a smallpox vaccination po Were any other vaccines administe	•			of anthray vaccination	
	f Yes, please list other va			oi antinax vaccination	
Vaccine:	, p	Date adminis			
Was pregnancy test done on day o	of vaccination? Yes	No			
Date pregnancy diagnosed:					
Date of last normal menstrual perion	Esti	Estimated Date of Delivery (EDD):			
If ultrasound used for gestational a	age, provide result:				
Method of birth control at time of c	onception:				
Number of previous pregnancies: List outcomes (with dates) of any pregnancies.					

Naval Health Research Center (619) 553-9255 DSN 553-9255 19 Jul 12

Medical facility where patient will be followed (Provider contact/address/phone):