Attach to AdEERS Report

PREGNANCY INFORMATION FAX

FACSIMILE TRANSMISSION

Ticket Number:_____

Study #:

SAE FAX NO: (301) 230-0159

ALTERNATE FAX NO: (301) 897-7404

Initial Report Date: ___ - ___ - ___ (DD MMM YY)	Follow-up Report Date: ___ - ___ - ___ (DD MMM YY)
Principal Investigator:	Reporter:
Reporter Telephone #:	Reporter FAX #:

Investigator Number | Subject Number

Complete all of the investigator and subject number boxes provided. Use leading zeros, when necessary, to complete all expected boxes.

Example: Investigator #407 would be filled in as: 0 0 4 0 7

Subject Initials

Record the first letter of the subject's first, middle and last name, in that sequence. If the subject has no middle name, enter a dash.

Example: A - C

Subject's Sex: ☐ Female ☐ Male	Subject's Weight: _____ kg	Subject's Date of Birth: ___ - ___ - ___ (DD MMM YYYY)

Subject's Ethnicity (check one only): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Available

Subject's Race (check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Not Available

Study Drug:	Study Drug Start Date: ___ - ___ - ___ (DD MMM YY) Study Drug Stop Date: ___ - ___ - ___ (DD MMM YY) OR ☐ Study Drug Continuing		
Dose:	Route: **ORAL**	Frequency: **QD**	Kit #:

First Day of Last Menstrual Period: ___ - ___ - ___ (DD MMM YY) Estimated Date of Delivery: ___ - ___ - ___ (DD MMM YY)

Method of Contraception (check all that apply):

☐ Oral Contraceptive Pills ☐ Condoms ☐ Periodic Abstinence ☐ Progestin Injection or Implants ☐ Spermacide
☐ Diaphragm ☐ Intrauterine Device (IUD) ☐ Tubal Ligation ☐ Other, specify:_____

Reproductive History: ☐ Gravida _____ ☐ Para _____

Tests performed during pregnancy: ☐ None ☐ Unknown

☐ CVS Results: ☐ Normal ☐ Abnormal
☐ Amniocentesis Results: ☐ Normal ☐ Abnormal
☐ Ultrasound Results: ☐ Normal ☐ Abnormal

Pregnancy Outcome

Was pregnancy interrupted? ☐ Yes ☐ No

If yes, specify: ☐ Elective Termination ☐ Spontaneous Abortion ☐ Ectopic

Date of Termination: ___ - ___ - ___ (DD MMM YY)

If pregnancy was **not** terminated, specify pregnancy outcome (and provide infant outcome information)

☐ Vaginal Birth: ☐ Premature ☐ Term OR ☐ C-Section: ☐ Scheduled ☐ Emergency Date of Delivery: ___ - ___ - ___ (DD MMM YY)

Infant outcome information: ☐ Normal ☐ Abnormal

Additional Case Details (if needed):

NOTE: For an initial reporting fax both the Pregnancy Report CRF and Additional Pregnancy Information Fax Page. For follow-up reporting, fax only the Additional Pregnancy Information Fax Page.

NOTE: The patient should have appropriate follow-up as deemed necessary by their physician.
If the the baby is born with a birth defect or anomaly, then a second AdEERS report is required.