

Lenalidomide Pregnancy Outcome Form Australia

This form must be returned to Cipla. Email: Lenalidomide.cipla@cipla.com

INFORMATION ABOUT THE REPORTER		
Reporter name:	Profession:	
Address:	City, Country:	
Phone number.:	E-Mail address:	
INFORMATION ABOUT THE FEMALE PATIENT		
Patient ID/Name:	Age:	Date of birth:
PARTNER OF PATIENT INFORMATION		
ID/Name:	Age:	Date of birth:

PREGNANCY OUTCOME		
Date of Delivery:	Gestation Age at Delivery:	
		Tick
Normal		<input type="checkbox"/>
C-section		<input type="checkbox"/>
Induced		<input type="checkbox"/>
Ectopic pregnancy		<input type="checkbox"/>
Elective termination	If yes, Date: _____	Weeks from LMP: _____
Spontaneous abortion (≤ 20 weeks)	If yes, Date: _____	Weeks from LMP: _____
Foetal death/stillbirth (> 20 weeks)		<input type="checkbox"/>
Products of conception examined:	If yes, was the foetus normal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	If no, describe below: _____	

Lenalidomide Pregnancy Outcome Form Australia

This form must be returned to Cipla. Email: Lenalidomide.cipla@cipla.com

FOETAL OUTCOME		Tick
Normal Baby		<input type="checkbox"/> Yes <input type="checkbox"/> No
Foetal Distress		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intra-uterine growth retardation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Neonatal complications, please specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Congenital anomaly/birth defects, please specify: If there any family history of Congenital anomaly:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Still birth:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple births, specify numbers:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Weight:	Length:	Head circumference:
Apgar score: 1 min:	5 min:	10 min: <input type="checkbox"/> Unknown

OBSTETRIC INFORMATION	Tick
Complications during pregnancy, if yes please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-partum maternal complications, if yes please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of the person completing this form	Signature	Date

Data Privacy notice
Please be aware that information provided to Cipla relating to you, may be used to comply with applicable laws and regulations. By providing us with information you are consenting to the control and processing of this personal or sensitive data by Cipla.

Reporter's signature (required):	Signature	Date

Lenalidomide Pregnancy Outcome Form Australia

This form must be returned to Cipla. Email: Lenalidomide.cipla@cipla.com

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

