Initial Pregnancy Report Form

BMS Patient Safety: Tel: 030 300 2222

E-mail: drugsafety-netherlands@bms.com

Please complete this form to report a pregnancy in:
- a female patient treated with pomalidomide or
- a female partner of a male patient treated with pomalidomide.

Please fax or email immediately to BMS at the above number/address. As part of BMS's Safety Monitoring System, we may require further information on reported pregnancies. BMS may therefore be in contact with you for further information in due course and would value your cooperation to ensure we are able to obtain all relevant information.

Date of Awareness: dd mon yyyy	**Pregnancy reports must be sent to BMS Patient Safety IMMEDIATELY**

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:** dd mon yyyy **Patient's Age:**

Patient Initials (F, M, L): (Who received drug)	**Date of Birth:** dd mon yyyy	**Patient's Age:**

Drug Name: **Date of First Dose:** dd mon yyyy **Date of Last Dose:** dd mon yyyy

Pregnancy Initially Diagnosed By: ☐ Home Urine Test ☐ Office Urine Test ☐ Serum Test

Date of Pregnancy Test: dd mon yyyy **Last Menstrual Period:** dd mon yyyy

Female is Currently: _____weeks pregnant OR ☐ No longer Pregnant ☐ Unknown

Female has Elected to: ☐ Carry Pregnancy to Term (Expected Date of Delivery): dd mon yyyy

☐ Terminate Pregnancy (Date Performed or Pending): dd mon yyyy

Reporter's Name:

Reporter's Signature:	**Date:** dd mon yyyy

Contact Information/Address:

Reporter's Phone Number:	**Reporter's Fax Number:**	**Reporter's E-mail Address:**

Patient's Prescribing Physician's Name:		
Contact Information/Address:		
Patient's Prescribing Physician's Phone Number:	**Physician's Fax Number:**	**Physician's E-mail Address:**