

Ireland

Pomalidomide Event-Specific Questionnaire for HCP - Pregnancy Outcome Form (Patient or Partner of Patient)

The form must be returned to the Marketing Authorisation Holder (MAH) who provided the product. Please see the relevant MAH details below:

Accord Healthcare Ireland Ltd.	Email: medinfo@accord-healthcare.com	Tel: 0044 1271 385257
AS Grindeks.	Email: adrian.curley@grindeks.ie	Tel: +353 (0)87 298 8226
Teva Pharmaceuticals Ireland.	Email: medinfo@tevauk.com	Tel: 0044 207 540 7117
Clonmel Healthcare	Email: medicalinformation@clonmel-health.ie	Tel: (052) 6177777
Viartis Limited	Email: pv.ireland@viartis.com	Tel: 0044 1707 853000 (select option 5)
Rowex Ltd	Email: mi.ireland@sandoz.net	Tel: 087 794 1968

NOTE: Please use the first three letters of the month (e.g.: JAN)

Reporter information

Reporter Name:	
Address:	
City, County, Country:	
Phone No.:	
Fax No.:	

Patient information

Patient ID:		Date of Birth:	<table><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	Ethnicity:	
D	D	M	O	N	Y	Y	Y	Y						

Partner of patient information

<input type="radio"/> Not applicable	Ethnicity:	
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Pregnancy outcome

Date of delivery:	<table><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	Gestation age at delivery:	
D	D	M	O	N	Y	Y	Y	Y				

Normal	<input type="radio"/> No <input type="radio"/> Yes
C-section	<input type="radio"/> No <input type="radio"/> Yes
Induced	<input type="radio"/> No <input type="radio"/> Yes
Ectopic pregnancy	<input type="radio"/> No <input type="radio"/> Yes
Elective termination	<input type="radio"/> No <input type="radio"/> Yes
Spontaneous abortion (≤ 20 weeks)	<input type="radio"/> No <input type="radio"/> Yes
Foetal death/stillbirth (> 20 weeks)	<input type="radio"/> No <input type="radio"/> Yes
Were the products of conception examined?	<input type="radio"/> No <input type="radio"/> Yes

Date:

D	D	M	O	N	Y	Y	Y	Y
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Weeks from LMP:

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If yes, was the foetus normal? ☐ No ☐ Yes ☐ Unknown If no, describe below:

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Obstetrics information

Complications during pregnancy	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<table><tr><td></td></tr></table>	
Complications during labour/delivery	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<table><tr><td></td></tr></table>	
Post-partum maternal complications	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<table><tr><td></td></tr></table>	

Foetal outcome

Live normal infant	<input type="radio"/> No <input type="radio"/> Yes			
Foetal distress	<input type="radio"/> No <input type="radio"/> Yes			
Intra-uterine growth retardation	<input type="radio"/> No <input type="radio"/> Yes			
Neonatal complication	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<table><tr><td></td></tr></table>	
Birth defect noted?	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<table><tr><td></td></tr></table>	

Sex: ☐ Male ☐ Female Birth weight: ____ lbs ____ oz. or ____ kg Length: ____ inches or ____ cm.

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Apgar score: 1 min: _____ 5 min: _____ 10 min: _____ ☐ Unknown

Signature of person completing this form

Signature:

D D M O N Y Y Y Y

Drug Safety Data Privacy notice

Your personal data will be processed by the relevant marketing authorisation holder, and its worldwide affiliates, to the extent and for as long as necessary, for the purposes of the compliance with drug safety legal obligations and for storage purposes. Should you have any queries in relation to the use of your personal data please contact the relevant marketing authorisation holder.

Reporter's Signature (required):

Signature:

D D M O N Y Y Y Y

On behalf of Accord Healthcare Ireland Ltd., Clonmel Healthcare Ltd., Viatriis Limited., AS Grindeks, Teva Pharmaceuticals Ireland and Rowex Ltd thank you for providing information that will assist us in our commitment to patient safety.