IRELAND
Version 6.0

Imnovid®▼ (pomalidomide)

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

This form must be returned to Bristol-Myers Squibb (BMS) Medical Information
Tel: 1800 749 749 - Email: medical.information@bms.com

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: D D M O N Y Y Y Y Ethnicity: ○ White ○ African-Caribbean ○ Other, specify below: ____

Partner of patient information

○ Not applicable Ethnicity: ○ White ○ African-Caribbean ○ Other, specify below: ____

Pregnancy outcome

Date of delivery: D D M O N Y Y Y Y Gestation age at delivery: ____

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

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

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

Obstetrics information

Complications during pregnancy	○ No	○ Yes	If yes, please specify ____
Complications during labour/delivery	○ No	○ Yes	If yes, please specify ____
Post-partum maternal complications	○ No	○ Yes	If yes, please specify ____

Foetal outcome

Live normal infant	○ No	○ Yes	
Foetal distress	○ No	○ Yes	
Intra-uterine growth retardation	○ No	○ Yes	
Neonatal complication	○ No	○ Yes	If yes, please specify ____
Birth defect noted?	○ No	○ Yes	If yes, please specify ____

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

Apgar score: 1 min: ____ 5 min: ____ 10 min: ____ ○ Unknown

Signature of person completing this form

Signature: ____ Date: D D M O N Y Y Y Y

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Drug Safety Data Privacy notice

Your personal data will be processed by Bristol-Myers Squibb Pharma EEIG (hereinafter "BMS"), for the purposes of complying with its drug safety legal obligations and for storage purposes.

BMS may share your data with other BMS entities and third parties providing services to BMS. This may entail the transfer of your data to other countries such as the USA and India. When such countries do not provide an equivalent level of protection to personal data as your country, BMS will implement appropriate legal, organisational, and technical security measures to protect your information from unauthorised access, use or disclosure, including the use of standard data protection clauses and Binding Corporate Rules. BMS will retain your personal data for the length of time required by law.

You have the right to access and verify your personal information held by BMS, receive a copy of it, obtain its correction and deletion if it is inaccurate and object to certain processing.

For the exercise of your rights and for any questions regarding data protection you can contact our Data Protection Officer: eudpo@bms.com. If you are unhappy about how BMS is processing your personal data, you have the right to lodge a complaint with the supervisory authority.

Reporter's Signature (required):

Signature:	Date signed: D D M O N Y Y Y Y

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

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information.

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