

NIDCR Pregnancy Notification Form

Email (rho_productsafety@rhoworld.com) or fax (1-888-746-3293) to Rho Product Safety at first knowledge of pregnancy.
Rho Product Safety – Questions? Call 1-888-746-7231

Protocol #: _____	PI Name/Site #: _____	Participant #: _____
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DETAILS OF MOTHER AND PREGNANCY Mother's Date of Birth: _____ (DD/MMM/YYYY)

Relevant Medical History:

(including pregnancy risk factors, smoking, alcohol, etc.)

Relevant Family History:

Father's Relevant Medical History:

(including family history, smoking, alcohol, etc.)

Previous Pregnancies: Overall number: _____ Normal deliveries: _____ Spontaneous miscarriages: _____

Others: _____ Specify: _____

Current Pregnancy:

Last Menstrual Period: _____ Expected delivery: _____
(DD/MMM/YYYY) (DD/MMM/YYYY)

How was the pregnancy confirmed? _____

What type of contraception was the subject using at time of conception? (Check all that apply)

- | | | |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Abstinence | <input type="checkbox"/> Barrier | <input type="checkbox"/> Birth Control Pill |
| <input type="checkbox"/> Implant | <input type="checkbox"/> IUD | <input type="checkbox"/> Other, specify: _____ |

Did the subject have any prenatal test(s)? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Amniocentesis | <input type="checkbox"/> AFP | <input type="checkbox"/> Chorionic Villus Sampling |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Other, specify: _____ | |

Is there evidence of a defect from a prenatal test? No Yes

Date of prenatal test: _____
(DD/MMM/YYYY)

Provide description of defect reported: _____

Medications Taken During Pregnancy: (Investigational product(s) and Other medications)

Medication Name	Total Daily Dose (Specify units)	Route	Start Date (DD/MMM/YYYY)	Stop Date (DD/MMM/YYYY)	Indication

<i>Investigator Signature</i>	<i>Date (DD/MMM/YYYY)</i>
<i>Name of Person Completing Form</i>	<i>Date (DD/MMM/YYYY)</i>

If any information is revised or updated prior to birth or termination, please submit a follow-up report.