

PREGNANCY FORM

*Instructions: Use this form to report pregnancy of female patients and of partners of male patients occurring during treatment and conception within 30 days after off protocol treatment. In addition, report also pregnancy occurring during follow up, if such a pregnancy was eventful with a suspected relation with the treatment on protocol.
E-mail or fax initial report; send follow-up report to: HOVON Data Center (Ee2155), Erasmus MC Cancer Institute, P.O. Box 2040, 3000 CA ROTTERDAM, The Netherlands.*

e-mail address: saereports@erasmusmc.nl - fax number: +31 (0) 10 704 10 28

Hospital:

Patient study number: |__| |__| |__|

Site information

Form completed by

Telephone number

Date of initial report (within 24 hours)..... [dd/mm/yyyy] |__| |__| |__|

Date of follow up report (in case of new data)..... [dd/mm/yyyy] |__| |__| |__|

Subject information

Who has become pregnant? |__| 1=female patient 2=partner of male patient

Year of birth pregnant woman..... [yyyy] |__|

Start date of last menses..... [dd/mm/yyyy] |__| |__| |__|

Date pregnancy confirmed..... [dd/mm/yyyy] |__| |__| |__|

Anticipated date of childbirth..... [dd/mm/yyyy] |__| |__| |__|

Trial medication and outcome

Period of treatment/last given treatment at time of conception..... |__| 0=before start protocol treatment
1=consolidation (protocol treatment)
4=follow up
8=other*

Cycle number |__| |__| (fill out cycle number of treatment)

*Specify other study phase

Pregnancy outcome..... |__| 1=not known at this date
(please send in follow up report when new data are known)
2=uneventful (normal/healthy baby)
3=induced abortion 4=spontaneous abortion
5=still birth 6=neonatal death
7=birth defects 8=other*

*Specify other outcome

Comments:

.....
.....
.....

Date: |__| |__| |__|

Name:

Signature: