

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ethnicity:	<input type="radio"/> White <input type="radio"/> African-Caribbean <input type="radio"/> Other, specify below: <input type="text"/>
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Partner of patient information

<input type="radio"/> Not applicable	Ethnicity:	<input type="radio"/> White <input type="radio"/> African-Caribbean <input type="radio"/> Other, specify below: <input type="text"/>
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Pregnancy outcome

Date of delivery:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gestation age at delivery:	<input type="text"/>
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	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spontaneous abortion (≤20 weeks)	<input type="radio"/> No <input type="radio"/> Yes	Weeks from LMP:	<input type="text"/>
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	If yes, was the foetus normal?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown If no, describe below: <input type="text"/>

Obstetrics information

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

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	<input type="text"/>
Birth defect noted?	<input type="radio"/> No <input type="radio"/> Yes	If yes, please specify	<input type="text"/>
Sex:	<input type="radio"/> Male <input type="radio"/> Female	Birth weight:	_____ lbs _____ oz. or _____ kg Length: _____ inches or _____ cm.
Apgar score:	1 min: _____ 5 min: _____ 10 min: _____ <input type="radio"/> Unknown		

Signature of person completing this form

Signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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:

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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.