

UK

This form must be returned to Bristol-Myers Squibb (BMS) Medical Information:

Phone: 0800 731 1736, 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:	<input type="radio"/> GB <input type="radio"/> Northern Ireland
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"/> <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"/>

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"/>

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"/> <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
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: <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Weeks from LMP: <input type="text"/> 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Data Privacy notice

Your personal data will be processed by Bristol-Myers Squibb Pharma EEIG (hereinafter “BMS”), as marketing authorisation holder of pharmaceutical products 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.

To conduct risk management programme activities, we may use third party service providers, who will handle directly any reporting relating to pregnancy, acting on our behalf, and upon our prior instructions.

BMS may disclose your personal information to regulatory authorities, affiliates of the BMS Group, service providers or other collaborators. Some of these entities may be located outside of the UK. BMS will take appropriate measures, such as implementing standard data protection clauses, to ensure that your personal information will be kept secure in accordance with applicable data protection law. BMS will only retain your personal data for the length of time required by law.

Under applicable law, you may 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. If you wish to exercise those rights, you can contact our data protection officer at: eudpo@bms.com. You may also have the right to lodge a complaint with the supervisory authority enforcing data protection by visiting this URL: <https://ico.org.uk/>

Reporter’s Signature (required):

Signature:	Date signed: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">O</td> <td style="width: 20px; text-align: center;">N</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	O	N	Y	Y	Y
D	D	M	O	N	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.

