



# Belimumab Pregnancy Registry

CONFIDENTIAL

## Patient Registration Form

Registry ID \_\_\_\_\_

Protocol: BEL114256

Page 1 of 1

Mail to: Belimumab Pregnancy Registry using the contact information provided below

### 1.0 BPR ELIGIBILITY CRITERIA (patient must have all eligibility criteria confirmed by a HCP for a valid enrollment in the BPR)

LMP           EDD

DD MMM YYYY DD MMM YYYY

- 1.1  Patient is/was pregnant and received commercially-supplied belimumab within the 4 months prior to and/or during pregnancy (Belimumab exposed only)
- 1.2  Patient is/was pregnant and exposure to belimumab did not occur within 4 months prior to and/or during pregnancy (SABLE unexposed only).
- 1.3  Consent provided by patient for her participation and assent for infant participation in the BPR
- Date consent/assent provided
- DD MMM YYYY
- 1.4  Patient agrees to provide Personal and Health Care Provider contact information and consent for release of obstetrical, rheumatology/specialist, and pediatric medical information

### 2.0 PREVIOUS REGISTRY PARTICIPATION AND DEMOGRAPHICS

- 2.1 Has patient participated in this registry during a previous pregnancy?  Yes  No  Unknown
- 2.2 Patient Date of Birth
- MMM YYYY
- 2.3 Ethnicity: Hispanic or Latino  Yes  No
- 2.4 Race: (check all that apply)  White/Caucasian  Black/African American  American Indian/Alaskan Native  Asian  Native Hawaiian/Other Pacific Islander  Other \_\_\_\_\_
- 2.5 What was the patient's pre-pregnancy weight? \_\_\_\_\_  Lbs  St  Kg (Check as appropriate)
- 2.6 What is the patient's height? \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_ cm

### 3.0 PREVIOUS BELIMUMAB TRIAL PARTICIPATION

- 3.1 Has patient previously participated in a belimumab clinical trial?  Yes  No If yes, complete 3.2
- 3.2 Provide dates of participation: From         To
- DD MMM YYYY DD MMM YYYY

### 4.0 REPORTER INFORMATION

- SLE Prescriber  
 Obstetrician or Maternal Fetal Medicine HCP  
 Patient  
 Other Specify: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Completed:

Signature and date completed apply to all forms

DD MMM YYYY

#### Office Use Only

- Phone RCC Associate Initials: \_\_\_\_\_

This check indicates that all blank fields represent data that is not available

Belimumab Pregnancy Registry

North America and South America | PPD, 929 North Front Street; Wilmington, NC 28401-3331

Europe | PPD, Kleine Kloosterstraat 23; 1932 St. Stevens Woluwe; Brussels, Belgium

Final Version 11.00 09Mar2016