Belimumab Pregnancy Registry

Patient Registration Form

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)

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<th>LMP</th>
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<td>DD</td>
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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 DD MMM YYYY To DD MMM YYYY

4.0 REPORTER INFORMATION

☐ SLE Prescriber

☐ Obstetrician or Maternal Fetal Medicine HCP

☐ Patient

☐ Other Specify: __________

Name: __________________________________________

Signature: ________________________________________ Date Completed: DD MMM YYYY

Signature and date completed apply to all forms

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

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