

ANTIRETROVIRAL PREGNANCY REGISTRY

FOR OFFICE USE ONLY

(3)

FOLLOW-UP FORM

Fax to: 800-800-1052 (US, Canada)

910-256-0637 (International) or +32-2-714-5024 (Europe)

00800-5812-1658 (UK, Germany, France)

Registry Patient ID _____ HCP ID _____

Date Case Closed _____ Phone

Normal Outcome Verified

Patient (Log) ID _____ *The Registry assigned, non-patient identifying patient ID number*

1. MATERNAL INFORMATION

1.1 Is the patient enrolled in a clinical study? (*treatment or observational study*) Yes No Unknown

If yes, provide the protocol number _____

Was the clinical trial conducted in pregnant women? Yes No Unknown

2. FETAL OUTCOME

2.1 Birth Defect Noted? Yes (*If yes, list on page 4*) No Unknown

2.2 Outcome: Live Infant
 Abortion, Spontaneous
 Abortion, Induced
 Stillbirth

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Baby ID: _____

If a fetal loss, go to page 4: Defects (section 3) and/or other factors that may have contributed to the fetal loss (section 4)

2.3 Date of Outcome: _____ M _____ D _____ Y

2.6 Gestational Age: _____ weeks

2.4 Gender: Male Female

2.7 Birth Weight: _____ grams lbs/oz.

2.5 Length: _____ cm. in.

2.8 Head Circumference: _____ cm. in.

NOTES:

- If DEFECT or FETAL LOSS, go to page 4
- Complete the enclosed ANTIVIRAL THERAPY DURING PREGNANCY form. The form includes the initial information provided to the Registry at registration.

HEALTH CARE PROVIDER INFORMATION

Name _____

Specialty _____

Address _____

Phone _____

Fax _____

Email _____

Alternate Contact _____

Provider's Signature _____

Date _____

M D Y

Phone Contact: US/Canada Phone: 800-258-4263 (Toll Free) or 910-256-0238
UK, Germany, France Phone: 00800-5913-1359 (Toll Free)
International Phone: +910-256-0238 (US) or +32-2-714-5028 (Europe)
Address: Research Park, 1011 Ashes Drive, Wilmington, NC 28405
Internet: www.APRegistry.com

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Revised (December 2007)

Antiretroviral Pregnancy Registry Follow-up Form

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(4)

Registry Patient ID _____

Patient (Log) ID: _____ *The Registry assigned, non-patient identifying patient ID number*

Complete this page **ONLY** if there is a **birth defect** or information on a **fetal loss** (stillbirth, spontaneous or induced abortion)

3. BIRTH DEFECTS – <i>List birth defects below.</i>		
<i>Birth defect (list birth defect)</i>	<i>Was the defect attributed to antiviral therapy? 1 = Yes 2 = No 3 = Unknown</i>	<i>Other factors that might contribute to this outcome 1 = Maternal age 2 = Unknown 3 = Other, specify</i>
1.		
2.		
3.		
4.		
5.		
6.		

4. FETAL LOSS (STILLBIRTH, SPONTANEOUS OR INDUCED ABORTION)	
<i>List factors, other than birth defects, that may have had an impact on the fetal loss</i>	
1.	
2.	
3.	
4.	

Complete the enclosed **ANTIVIRAL THERAPY DURING PREGNANCY Form**. The form includes the initial information provided to the Registry at registration.

Thank you for your participation in the Antiretroviral Pregnancy Registry.

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