



**Priorix Pregnancy Registry Outcome Form**

<b>Patient ID or initials:</b>	<b>GSK OCEANS Case No.:</b>
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**Pregnancy Status**

Date of birth / miscarriage / termination (*circle one*)

M	M	M	DD	YR		

**OUTCOME**

- Healthy infant
  Spontaneous abortion (< 20 weeks gestation)  
 Stillbirth/Fetal death ( $\geq$  20 weeks gestation)
  Elective termination  
 Other, specify \_\_\_\_\_

Method of delivery:

- Spontaneous vaginal
  Induced vaginal
 Cesarean section  
 Forceps/suction assisted
  Other, specify \_\_\_\_\_

**FETAL/NEONATAL STATUS**

- Normal  
 Birth defect (i.e. structural/chromosomal disorder), specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other (e.g. premature birth, neonatal hyperbilirubinemia, etc.), specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INFANT INFORMATION**

Gestational age at birth / miscarriage / termination [ ] weeks

Infant's gender  Male  Female  Unknown

Length [ ] [ ] cm or [ ] [ ] inches

Weight [ ] [ ] [ ] grams or [ ] pounds [ ] ounces

Apgar score (0 – 10): 1 minute: [ ] 5 minutes: [ ] 10 minutes: [ ]

**ADDITIONAL INFORMATION**

Provide additional information on complications during pregnancy, labor and delivery, any infections during pregnancy, etc.

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**Additional Drug Exposures**

Complete drug section for all drugs taken by the mother during pregnancy. **Do not include drugs that have already been included on the Pregnancy Notification Form.**

Drug Name	Route or formulation	Dose	Start Date	Stop Date	Ongoing Y/N	Indication
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	

**REPORTER INFORMATION**

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

Degree:  MD  DO  RN  Other \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone no: 

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Fax no: 

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Reporter's signature: \_\_\_\_\_

Date: 

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**RETURN FORM TO GLAXOSMITHKLINE**

Call 0800 221441 GlaxoSmithKline UK Stockley Park West, Uxbridge, Middlesex, UB11 1BT Telephone: +44 (0)800 221 441 Fax: +44 (0)208 990 4328 Medical Information e-mail: <a href="mailto:customercontactuk@gsk.com">customercontactuk@gsk.com</a>	OR	GlaxoSmithKline Biologicals Biologicals Clinical Safety and Pharmacovigilance (Central Safety Office) Rue de l'Institut 89B-1330 Rixensart, Belgium Fax: 32 2 656 8009 or 32 2 656 5116 Email: <a href="mailto:safety-vac_ww/pharmbio/gsk@gsk">safety-vac_ww/pharmbio/gsk@gsk</a>
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