Varilrix Pregnancy Registry Outcome Form

Patient ID or initials:	GSK OCEANS Case No.:

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 (≥ 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.

_____

_____

_____

_____

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
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	

REPORTER INFORMATION

Name: _____

Degree: ☐ MD   ☐ DO   ☐ RN   ☐ Other _____

Specialty: _____

Address: _____

City and State: _____   Zip code: _____

Telephone no: [| | | | | | | | | |]

Fax no: [| | | | | | | | | |]

Reporter's signature: _____   Date: [| | | |]
                                                    M M M   DD   YR

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: customercontactuk@gsk.com	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: safety-vac ww/pharmbio/gsk@gsk