

Initial Pregnancy Report Form

Celgene Drug Safety & Risk Management: Tel: 030-284 4525 Fax: 030-284 4511

E-mail: drugsafety-netherlands@celgene.com

Please complete this form to report a pregnancy in:

- a female patient treated with pomalidomide or
- a female partner of a male patient treated with lenalidomide.

Please fax or email immediately to Celgene at the above number/address. As part of Celgene's Safety Monitoring System, we may require further information on reported pregnancies. Celgene B.V. may therefore be in contact with you for further information in due course and would value your cooperation to ensure we are able to obtain all relevant information.

Date of Awareness: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>	Pregnancy reports must be sent to Celgene Drug Safety IMMEDIATELY
Sex of Patient: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<input type="checkbox"/> Pregnancy of Patient <input type="checkbox"/> Pregnancy of Patient's Partner OR <input type="checkbox"/> Exposure of a Pregnant Female (complete information below)	
Pregnant Woman's Initials (F, M, L): <input style="width: 100%;" type="text"/>	Date of Birth: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>
Patient's Age: <input style="width: 100%;" type="text"/>	
Patient Initials (F, M, L): <input style="width: 100%;" type="text"/> <small>(Who received drug)</small>	Date of Birth: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>
Patient's Age: <input style="width: 100%;" type="text"/>	
Drug Name: <input style="width: 100%;" type="text"/>	Date of First Dose: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>
Date of Last Dose: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>	
Pregnancy Initially Diagnosed By: <input type="checkbox"/> Home Urine Test <input type="checkbox"/> Office Urine Test <input type="checkbox"/> Serum Test	
Date of Pregnancy Test: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>	Last Menstrual Period: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>
Female is Currently: _____ weeks pregnant OR <input type="checkbox"/> No longer Pregnant <input type="checkbox"/> Unknown	
Female has Elected to: <input type="checkbox"/> Carry Pregnancy to Term (Expected Date of Delivery): <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>	
<input type="checkbox"/> Terminate Pregnancy (Date Performed or Pending): <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>	
Reporter's Name: <input style="width: 100%;" type="text"/>	
Reporter's Signature: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 100%;"> dd mon yyyy </small>
Contact Information/Address: <input style="width: 100%;" type="text"/>	
Reporter's Phone Number: <input style="width: 100%;" type="text"/>	Reporter's Fax Number: <input style="width: 100%;" type="text"/>
Reporter's E-mail Address: <input style="width: 100%;" type="text"/>	

Patient's Prescribing Physician's Name:		
Contact Information/Address:		
Patient's Prescribing Physician's Phone Number:	Physician's Fax Number:	Physician's E-mail Address:

Data Privacy Notice
<p>Your personal data will be processed by Celgene B.V. A Bristol Myers Squibb company to the extent and for as long as necessary, for the purposes of the compliance with drug safety legal obligations and for storage purposes.</p> <p>Celgene may disclose your personal data to Celgene International Sàrl, to other worldwide Affiliates and to any third-party providing services to Celgene, for the purposes described herein and for storage purposes. Where Celgene, its Affiliates or any third-party providing services to Celgene process information in countries that may not provide the same level of protection as in your country, Celgene will implement appropriate safeguards. Celgene and its Affiliates may disclose the personal data if required for compliance with the legal, regulatory and compliance requirements.</p> <p>Under applicable law, you may have the right to access and verify your personal information held by Celgene, receive a copy of it, obtain its correction and deletion if it is inaccurate and object to certain processing. If you wish to exercise those rights, you must contact Celgene B.V. or privacydpo@celgene.com. You may also have the right to lodge a complaint with the supervisory authority enforcing data protection in your country.</p> <p>For further information on how Celgene processes your personal data and your rights, please refer to: https://www.celgene.nl/privacybeleid/</p> <p>Reporter's Signature (required):</p> <p>Signature: _____ Date signed: _____</p> <p>On behalf of Celgene, thank you for providing information that will assist us in our commitment to patient safety.</p>