## Protocol # TN10 - Anti-CD3 Prevention

Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

## **Pregnancy Confirmation**

Fregulaticy Committation					
* These fields are required in order to SAVE the form					
* These fields are required in order to COMPLETE the form					
Date of Visit:   *   Date  Date					
Interviewer User ID: *					
A. Pregnancy Information					
1. Date of positive pregnancy test:	•				
2. Date of last menstrual cycle:	•				
3. Estimated date of delivery:	<b>V</b>				
4. Is the participant planning on carrying the pregnancy to term?	○ Yes ○ No ○ l	Jnknown			
5. Is the participant willing to continue with future follow-up visits?	○ Yes ○ No ○ l	Jnknown			
6. Has the participant's obstetric care provider been informed of her participation in this study?	○ Yes ○ No ○ t	Jnknown			
B. Pregnancy History					
1. Indicate the total number of prior pregnancies (not including this one):		Unknown			
2. Has the participant ever experienced a complication of pregnancy?	○ Yes ○ No ○ l	Jnknown			
If YES,					
a. Has the participant ever experienced a miscarriage?	Yes No Unknown	)			
b. Has the participant ever experienced a pregnancy that resulted in a still birth?	Yes No Unknown	)			
c. Has the participant ever experienced a pregnancy that resulted in neonatal death?	○ Yes ○ No ○ Unknown				
d. Has the participant ever experienced a pre-term delivery (<37 gestational weeks)?	al Yes No Unknown	)			
e. Has the participant ever experienced a post-term delivery (>42	○ Yes ○ No ○	)			

gestational weeks)?

Unknown

Save

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