

Protocol # TN10 - Anti-CD3 Prevention

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

Pregnancy Monitoring

* These fields are required in order to **SAVE** the form

* These fields are required in order to **COMPLETE** the form

Date of Visit: * [Date](#)

Interviewer User ID: *

Pregnancy Monitoring

A. PREGNANCY MONITORING

1. Does the participant have reproductive or childbearing potential? Yes No

If YES, continue.

IF FEMALE:

a. Was a urine pregnancy test completed at this visit? Yes No

If YES,

1) Was the test result positive? Yes No

b. Does the subject plan to become pregnant within the next year? Yes No

c. Is the subject using birth control (abstinence or acceptable method)? Yes No

IF MALE:

a. Is the subject's partner known to be pregnant? Yes No

b. Does the subject's partner plan to become pregnant within the next year? Yes No

c. Is the subject or subject's partner using birth control (abstinence or acceptable method)? Yes No