

Protocol # TN10 - Anti-CD3 Prevention

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

Pregnancy Outcome Report

\* 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: \*

A. Pregnancy Outcome Information

1. Is the outcome of the pregnancy unknown due to loss of participant to follow-up? \*  Yes  No

2. Date Pregnancy ended: \*

3. Was the pregnancy terminated as a result of an induced abortion? \*  Yes  No  Unknown

If YES,

a. Was the reason for the abortion medically indicated?  Yes  No  Unknown

If YES, complete **Adverse Event Report Form**

1) Specify reason:

4. Did the pregnancy result in a miscarriage? \*  Yes  No  Unknown

5. Did the pregnancy result in a live birth or multiple live births? \*  Yes  No  Unknown

6. Did the pregnancy result in a stillbirth? \*  Yes  No  Unknown

If YES, complete **Adverse Event Report Form**

a. Did the stillbirth have any congenital malformations?  Yes  No  Unknown

If YES,

1) Specify:

b. Did the stillbirth have any other complications?  Yes  No  Unknown

If YES,

1) Specify:

7. Record number of infants (both living and deceased) the birth resulted in: \*   Unknown

8. Were there any complications during the delivery? \*  Yes  No  Unknown

9. Was an HbA1c measured at any time during the pregnancy? \*  Yes  No  Unknown

If YES,

a. Record HbA1c:  %  Unknown

b. Date measured:

10. Is the participant currently breastfeeding? \*  Yes  No  Unknown

## B. Infant Information

### Questions about Baby #1

1. What was this baby's sex?

Male  Female

2. Gestation age?  wks  Unknown

3. Birth weight:  gm  Unknown OR  lbs  oz  Unknown

4. One minute APGAR score:   Unknown

5. Five minute APGAR score:   Unknown

6. Was the infant born with any congenital malformations?

Yes  No  Unknown

7. Was the infant born with other complications?

Yes  No  Unknown

8. Was the infant admitted to the Neonatal Intensive Care Unit (NICU) at any time?

Yes  No  Unknown

9. Was the infant discharged from the hospital alive?

Yes  No  Unknown

Add

*Please use ADD button if there is more than one baby*

Save

Print

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