Please return this form to Lipomed AG, Fabrikmattenweg 4, CH-4144 Arlesheim, Switzerland by mail (save@lipomed.com) or fax (Fax No. +41 61 702 02 20)

PATIENT DATA

Initials: ☐☐☐ Birth date: day ☐☐ month ☐☐ year ☐☐☐☐

Body surface area: ☐.☐☐ m^2 Weight: ☐☐☐.☐ kg Height : ☐☐☐ cm

OUTCOME OF PREGNANCY

Date: day ☐☐ month ☐☐ year ☐☐☐☐

☐ Live birth ☐ Spontaneous abortion ☐ Induced abortion ☐ Other, please specify .....

.....

NEWBORN

Gestational age: ☐☐ weeks

Delivery complications: ☐ no ☐ yes if yes, please specify .....

.....

Sex: ☐ F♀ ☐ M♂

Weight: ☐☐☐.☐ kg

Height: ☐☐☐ cm

Healthy infant? ☐ yes ☐ no if no, please specify (diseases, birth defects) .....

.....

APGAR-Score: At 1 minute:..... At 5 minutes:..... At 10 minutes:.....

Other comments (e. g. disease during pregnancy, further prenatal diagnostics): .....

.....

.....

.....

.....

FURTHER MEDICATION DURING PREGNANCY

Trade name/ Drug name	Lot. No.	Expiry date	Route of adminis-tration	Daily dose	Therapy dates from	Therapy dates to	Indication(s) for use

Complications / Adverse events occurred during pregnancy?

☐ no ☐ yes

if yes, please fill in the separate Adverse Event Report Form which will be sent to you

QUALIFIED REPORTING PERSON

Name: .....

Address: .....

Postal code: ..... City: .....

State: ..... Country: .....

Telephone: ..... Profession: .....

OK to report your name to local Health Authority? ☐ yes ☐ no

Was report submitted to local Health Authority? ☐ yes ☐ no

If yes, please specify authority: .....

Signature: ..... Date: day month year

SUBMISSION OF A REPORT DOES NOT NECESSARILY CONSTITUTE A JUDGEMENT THAT THE DRUG CAUSED THE ADVERSE EVENT.

Will be completed by Lipomed AG or local monitor only:

Company data:	**Report source:**	**Status:**	**Reported to health authorities:**
National organization: Contact person: Signature: Date: day month year	☐ Market ☐ Health Professional ☐ Consumer ☐ Other: ☐ Health Authority ☐ Literature ☐ Study Study number: Patient number:	☐ Initial ☐ Follow-up Date report was received by company: Date: day month year	☐ Yes ☐ No