

PREGNANCY REPORT FORM**Study Code:** GEM2012MENOS65**Study Site:****Subject No:****Subject Initials:****Country:****Investigational Product(s)**Therapy start date:
(yy-mmm-dd)Therapy stop date:
(yy-mmm-dd)Date of last
menstruation:
(yy-mmm-dd)Date of expected delivery:
(yy-mmm-dd)Investigator's
signature: _____Date:
(yy-mmm-dd) _____

Keep the original of this form in the Investigator's file and a copy in the CRF fax to TFS Trial Form Support Drug Safety, Fax No +34 91 125 05 51

Infant Follow up**Pregnancy result (mark with X)**

Live birth	Elective abortion	Spontaneous abortion	Stillbirth	Unknown

Please fill in a SAE form in case of any spontaneous abortion, stillbirth, birth defect/congenital anomaly, death, or other serious infant condition.

Infant delivery date (yy-mmm-dd)

Condition of infant

Normal

Abnormal*

* If abnormal, please comment

Comments:

Investigator's signature: _____

Date:
(yy-mmm-dd)

Printed name