



Report of drug exposure during pregnancy

N° _____

Patient initials _____ Birth date _____ Date of last menstrual period _____ Para _____ Gravida _____ Profession _____
 _____ | _____ | 1 | 9 | _____ | _____ | 2 | 0 | _____ | _____ | _____

First name Last name Day Month Year Day Month Year

Pregnancy : Ongoing Planned Spontaneous abortion Termination of pregnancy Delivery Paternal exposure
 (specify date !)

First Name and Last Name of patient in view of a personalized consilium (see conditions back of form !)

Mrs (Mr) _____

Therapeutic products to which the patient was exposed

Brand Name	Batch No (Vaccines and biological products)	Daily dose	Route of administration	Administration		Indication
				from*	to**	
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

* Date or duration (number of days / months / years) ** Date, duration or if treatment is pursued : ONGOING

Circumstances of drug exposure(s)

(clinical context, symptoms, diagnosis, treatments, outcome; please specify the dates!)

enclose documents if needed

Examinations/ tests

Pregnancy Test: Date _____ 2 | 0 | _____ Result _____

Ultrasound : Date _____ 2 | 0 | _____ Result _____

Karyotype : Date _____ 2 | 0 | _____ Result _____

Other :

Other risk factors for Pregnancy

Alcohol Consumption yes no History of congenital anomaly yes no _____

Tobacco use yes no Risk related to psycho-social context yes no _____

Drug of abuse yes no Substances, frequency _____

Hypertension yes no Diabetes yes no Weight excess yes no

Other :

(Please send this form in a closed envelope to the Swiss Teratogen Information Service; or fax both sides)

Sender or stamp :

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	e-mail	_____

Name of Gynecologist who will follow this pregnancy (if different from sender) :

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	e-mail	_____

Further observations (comments, questions)

Sending address for this form :

<p>Swiss Teratogen Information Service, Lausanne</p> <p>Swiss Teratogen Information Service STIS Division de pharmacologie et toxicologie cliniques Hôpital de Beaumont 6^{ème} étage</p> <p>1011 Lausanne CHUV</p> <p>Tel. 021 314 42 67 / Fax 021 314 42 66 stis@chuv.ch http://www.swisstis.ch</p>

Information concerning alleged defects in manufacturing : refer to SWISSMEDIC, Division Market Monitoring of Medicines
Hallerstrasse 7, 3000 Bern 9 – Phone 031 323 16 63, Fax 031 322 07 22, e-mail market.surveillance@swissmedic.ch - <http://www.swissmedic.ch>

Toxic emergencies: refer immediately to the Swiss Centre for Toxicology, Tel. 145.

Conditions for personalised consilium and gathering of follow-up data from exposures during pregnancy

The Swiss Teratogen Information Service (STIS) assumes the mission of epidemiological surveillance of drug exposures during pregnancy and their effects on reproduction. Each report of drug exposure during pregnancy usually requires the following conditions to be fulfilled:

- the reporter accepts to fill in a follow-up questionnaire that will be sent to him along with the consilium, and to return it to the STIS after pregnancy termination or term;
- the patient is informed that her medical data relevant to exposure and pregnancy outcome are entered in a database;
- the patient agrees that her identity is communicated to the STIS, in order to draw up a written personalized consilium, which is sent to the reporter, and will allow follow-up of the pregnancy up to its termination or term.

In mentioning the full name of the patient on this form, the reporter attests that these conditions are fulfilled. The STIS guarantees that data provided on this form will be handled in strict respect with medical secrecy. The STIS commits to divulging no information permitting the identification of the patient or the primary reporter, should data be exchanged with a distant organism for teratovigilance or research purposes.

Date :

Signature :