

**Ribavirin Pregnancy Registry
Instructions for completing the**

INITIAL CONTACT FORM

1. **Reporter** – It is expected that this contact will be made by the Reporter contacting the Registry by telephone and the form completed by the CRA receiving the call.
 - 1.1 **Initial Reporter:** Indicate if the reporter is a health care provider, pregnant patient, or a pregnant patient's male sexual partner.
 - For the patient, indicate whether or not the Registry has permission to contact her health care provider to obtain information and provide registration information to the registry.
 - For the patient's male sexual partner, indicate whether he agrees to have his pregnant partner contact the registry and verbal permission to have him provide information to the registry.
 - 1.2 **Ribavirin exposure source**
 - Indicate whether exposure directly through pregnant patient or indirectly through male sexual partner
2. **Contact Information**
 - 2.1 If provider contact, complete Health Care Provider contact information.
 - 2.2 If pregnant patient, complete Pregnant Patient contact information.
 - 2.3 If male sexual partner, complete Exposed Male Sexual Partner contact information.
 - 2.4 Indicate if the signed written authorization for release of medical information has been received and the date of receipt.

**Ribavirin Pregnancy Registry
INITIAL CONTACT FORM**

FOR OFFICE USE ONLY

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Registry ID _____ Country / State (US) _____

HCP ID _____

Date form completed _____ Phone

Completed by: _____

LOG ID: _____

1. REPORTER INFORMATION

1.1 Initial Reporter – (✓ the sources of the initial report)

- ₁ A. HCP (✓ type): ₁ Obstetric HCP ₂ Pregnant female Rx HCP ₃ Male sexual partner HCP
₄ Other, specify _____

If pregnant patient or male sexual partner (✓ appropriate and complete the contact information)

- ₂ B. Pregnant patient
- Do we have permission to collect data from you? ₁ Yes ₂ No
 - May we send you a registration packet(s) and check status with you? ₁ Yes ₂ No ₃ N/A
- ₃ C. Male sexual partner
- Will you ask your pregnant partner to call Registry? ₁ Yes ₂ No ₃ N/A
 - Do we have permission to collect data from you? ₁ Yes ₂ No
 - May we send you a registration packet(s) and check status with you? ₁ Yes ₂ No ₃ N/A

1.2 Ribavirin exposure source: ₁ Directly through pregnant patient ₂ Indirectly through male sexual partner

2. CONTACT INFORMATION

2.1 Health Care Provider

Name _____ Specialty _____
Address _____ Phone _____
_____ Fax _____
_____ Email _____
Alternate Contact _____

2.2 Pregnant Patient

Name _____ Phone _____
Address _____ Cell Phone _____
_____ Other _____
If contact by phone, may we leave a message? Yes No

Alternate Contact _____ Phone _____
Address _____ Cell Phone _____
_____ Other _____

2.3 Exposed Male Sexual Partner of Pregnant Patient

Name _____ Phone _____
Address _____ Cell Phone _____
_____ Other _____
If contact by phone, may we leave a message? Yes No

2.4 Pt. info. sheet read/rec'd & pt. agreed to participate? ₁ Yes ₂ No ₃ N/A Date. Rec'd _____
dd mon yyyy