Initial Pregnancy Report Form Mylan B.V. Pharmacovigilance: Tel: +31 (0)20 4263300 E-mail: <u>pv.netherlands@viatris.com</u>

Please complete this form to report a pregnancy in:

- a female patient treated with lenalidomide or
- a female partner of a male patient treated with lenalidomide.

Please email immediately to Mylan B.V. at the above email address. As part of Mylan's Safety Monitoring System, we may require further information on reported pregnancies. Mylan may therefore be in contact with you for further information in due course and would value your cooperation to ensure we are able to obtain all relevant information.

Pregnancy reports must be sent to Mylan pharmacovigilance IMMEDIATELY

Date of Awareness:			
Sex of Patient: Female] Male		
□ Pregnancy of Patient			
□ Pregnancy of Patient's Partner (complete information below)	<u>OR</u> □ Exposure of a Pregnant I	Female	
Pregnant Woman's Initials (F, M	, L): Date of Birth:	Patient's Age:	
Patient Initials (F, M, L): (Who received drug)	Date of Birth:	Patient's Age:	
Drug Name:	Date of first Dose:	Date of last Dose:	
Pregnancy Initially Diagnosed By:			
□ Home Urine Test □ Office Urine Test □ Serum Test			
Date of Pregnancy Test: Last Menstrual Period:			
Female is Currently:weeks pregnant OR OR ON No longer Pregnant On Unknown			
Female has Elected to: Carry Pregnancy to Term (Expected Date of Delivery):			
Terminate Pregnancy (Date Performed or Pending):			
Reporter's Name:			
Reporter's Signature:		Date:	
Contact Information/Address:		<u>.</u>	

Reporter's Phone Number:	Reporter's Fax Number:	Reporter's E-mail Address:
Patient's Prescribing Physicia	n's Name:	
Contact Information/Address:		
Patient's Prescribing	Physician's Fax Number:	Physician's E-mail Address:
Physician's Phone Number:		