

National Transplantation Pregnancy Registry (NTPR)

Patient Questionnaire (Please print answers to all questions as completely as possible)

Name _____
(Last) (First) (MI) (Maiden Name)

Address (City, State, Zip) _____

Phone: (Home) (____) _____ (Work) (____) _____ E-mail address: _____

Date of Birth _____ SEX: Female/Male

Current Transplant Center _____ Phone: _____

Organ(s) Transplanted _____ Date: _____ Date: _____ Date: _____
(First) (Retransplant) (Retransplant)

Posttransplant Pregnancy & Outcome

	#1	#2	#3
Length of pregnancy (weeks)	_____	_____	_____
Delivery date	_____	_____	_____
I was taking Neoral® (cyclosporine capsules and oral solution, USP) MODIFIED (Y/N)	_____	_____	_____
I was taking Sandimmune® (cyclosporine, USP) (Y/N)	_____	_____	_____
I was taking other cyclosporine formulations (Y/N)	_____	_____	_____
I was taking Prograf® (tacrolimus capsules and injection, or FK506) (Y/N)	_____	_____	_____
I was taking CellCept® (mycophenolate mofetil capsules) (Y/N)	_____	_____	_____
I was taking Imuran® (azathioprine) (Y/N)	_____	_____	_____
I was taking Rapamune® (sirolimus) (Y/N)	_____	_____	_____
I was taking Myfortic® (mycophenolic acid) (Y/N)	_____	_____	_____
I was taking steroids (prednisone) (Y/N)	_____	_____	_____
I was taking another immunosuppressant (Y/N) Specify _____	_____	_____	_____
The baby's first name / last name	_____	_____	_____
The baby's sex (M/F)	_____	_____	_____
The baby's birth weight was (lbs, oz)	_____	_____	_____
The baby was healthy (Y/N)	_____	_____	_____
The baby was premature (Y/N)	_____	_____	_____
The baby had complications (Y/N)	_____	_____	_____
The baby was stillborn (Y/N)	_____	_____	_____
There was a miscarriage (Y/N) (Date)	_____	_____	_____
I/we chose to end the pregnancy (Y/N) (Date)	_____	_____	_____
During pregnancy, mother took medication for diabetes (Y/N)	_____	_____	_____
for high blood pressure (Y/N)	_____	_____	_____
Hospital for the delivery or termination	_____	_____	_____
	<small>(Name)</small>	<small>(Name)</small>	<small>(Name)</small>
	<small>(City, State)</small>	<small>(City, state)</small>	<small>(City, State)</small>

Please return this questionnaire to: **National Transplantation Pregnancy Registry (NTPR)**
Thomas Jefferson University, 605 College Building, 1025 Walnut Street, Philadelphia, PA 19107
 Questions? Call toll-free 877-955-6877

FOR OFFICE USE ONLY
 Transplant Coordinator: _____ Social Security # _____ - _____ - _____
 Phone: _____ E-mail address: _____

As per University Counsel - Do not sign this consent form after end of study