

Date: November 25, 2021

MECS # 21-112846-919

## Appendix B - Infant Follow-Up Form

## **TERIFLUNOMIDE Exposure Targeted Follow-Up Checklist**

**INFANT STATUS (1-week post delivery, 6, 12, 24 Months)** 

Patient ID:  Date of Report: Age of Infant: months				
INFANT STATUS:  Living, no medical or developmental problems, or any possible congenital abnormalities				
Living with suspected or diagnosed medical complications, developmental problems, or congenital abnormalities				
Deceased, date or age at deathCause of death				
(Please provide autopsy report if available)				
Infant Measurements:				
Date of measurement: (DD/MM/YYYY)				
Height: Cm in				
Weight: kg lb				
Head circumference:				
INFANT MEDICAL HISTORY:  1. Has the infant experienced serious infection requiring hospitalization?				
Yes (describe below) No Unknown				
If yes, please specify the infection (site, organ) treatment and outcome:				

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## NAT-TERIFLUNOMIDE Infant Follow-Up Form



2. Is there evidence the infant is immune compremised?				
2. Is there evidence the infant is immunocompromised?				
Yes (describe below) No Unknown				
If yes, please describe:				
3. Has the infant had other relevant illness, surgeries or hospitalizations?				
☐ Yes (describe below) ☐ No ☐ Unknown				
If yes, please specify illness (diagnosis), when it began, treatment, outcome:				
Infant Diet				
☐ Breastfed ☐ Weaned				
Feedings in addition to breast milk (describe:)				
Solids (description of diet:)				
DEVELOPMENTAL HISTORY (to be completed at 1-week post delivery, 6 months, 12 months, and 24 months)				
Has the infant shown any evidence of developmental delay? Yes No Unknown				
If yes, please specify:				
☐ Motor development Language development ☐ Social/emotional development				
☐ Delay is noted, diagnosis is unknown ☐ Other, please describe				

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## NAT-TERIFLUNOMIDE Infant Follow-Up Form



Date	Relevant Laboratory Tests or Procedures				
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:	Date	Test / Procedure	Results		
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:					
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:					
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:					
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:					
Milestone Rolled over Reached for objects Sat up without support Turned to locate a voice Said first word Stood alone Early sentence construction  REPORTER INFORMATION Name: Title: Address: City: Province: Postal Code: Country: Institution: Department: Phone: Fax: E- mail:	Infant Milestones				
Rolled over  Reached for objects  Sat up without support  Turned to locate a voice  Said first word  Stood alone  Early sentence construction  REPORTER INFORMATION  Name: Title:  Address: Province: Postal Code:  Country: Institution: Department:  Phone: Fax: E- mail:	mant whestones				
Reached for objects  Sat up without support  Turned to locate a voice  Said first word  Stood alone  Early sentence construction  REPORTER INFORMATION  Name: Title:  Address:  City: Province: Postal Code:  Country:  Institution: Department:  Phone: Fax: E- mail:	Milestone	Date/ Age	Comments		
Sat up without support  Turned to locate a voice  Said first word  Stood alone  Early sentence construction  REPORTER INFORMATION  Name: Title:  Address: City: Province: Postal Code:  Country: Institution: Department: Phone: Fax: E- mail:	Rolled over				
Sat up without support  Turned to locate a voice  Said first word  Stood alone  Early sentence construction  REPORTER INFORMATION  Name: Title:  Address: City: Province: Postal Code:  Country: Institution: Department: Phone: Fax: E- mail:	Reached for objects				
Turned to locate a voice  Said first word  Stood alone  Early sentence construction  REPORTER INFORMATION  Name: Title:  Address:  City: Province: Postal Code:  Country:  Institution: Department:  Phone: Fax: E- mail:					
Said first word	Sat up without support				
Stood alone	Turned to locate a voice				
Stood alone					
Early sentence construction         REPORTER INFORMATION         Name:	Said first word				
REPORTER INFORMATION         Name:	Stood alone				
REPORTER INFORMATION         Name:					
Name:	Early sentence constructi	on			
Name:					
Address:	REPORTER INFORMATIO	N			
Address:	Name: Title:				
City:					
Country:			<del></del>		
Institution:	City:	Province:	Postal Code:		
Phone: Fax: E- mail:	Country:				
	Institution:		Department:		
Healthcare professional: Yes No If yes, please specify occupation:	Phone:	Fax:	E- mail:		
	Healthcare professional: Yes No If yes, please specify occupation:				

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