Form 3501 R1.0: Pregnancy Form

Key Fields

Sequence Number: ____________________________
Date Received: ________________________
CIBMTR Center Number: ____________________________
CIBMTR Research ID: ____________________________
Event date: ________________________

Functional Status

Questions: 1 - 5

1. Was the recipient or recipient's partner still pregnant at the time of this report?
   - Yes
   - No

2. Specify the outcome of pregnancy
   - Live birth, at term
   - Live birth, premature
   - Intrauterine fetal death
   - Spontaneous abortion
   - Elected abortion
   - Unknown

3. Were there congenital abnormalities? (Live birth)
   - Yes
   - No

4. Delivery date
   - Known
   - Unknown

5. Delivery date: __ __ __ __ - __ __ __ __

First Name: ____________________________
Last Name: ____________________________
E-mail address: ____________________________
Date: __ __ __ __ - __ __ __ __