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## Unscheduled Follow-up Visit Case Report Form

A. Details of Follow-up										
<b>1.</b>	<b>Date of follow-up:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		
<b>2.</b>	<b>Reason for unscheduled visit or telephone follow up:</b>  Questions or concerns about: <input type="checkbox"/> VTE <input type="checkbox"/> Medication <input type="checkbox"/> Bleeding <input type="checkbox"/> Other, please specify: _____									
<b>3.</b>	Were there any changes to medications since the last visit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, please complete Concomitant Medication Form.</b>									
<b>4.</b>	Has the subject experienced any adverse events since the last visit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, please complete Adverse Event or Serious Adverse Event Form(s).</b>									
<b>5.</b>	<b>Screening Forms:</b>  <b>A)</b> Has the subject had any chest symptoms (shortness of breath, chest pain, hemoptysis) or leg symptoms (leg pain, redness or swelling), or any other concerns for VTE? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, complete VTE Screening Form.</b>  <b>B)</b> Other than normal vaginal bleeding*, has the subject had any bleeding since the last visit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If "No" to any bleeding: probe further to confirm response by asking specifically about black stools, blood in stools, blood in urine, nose bleeds, excessive vaginal bleeding and coughing up blood <b>If yes, complete Bleeding Screening Form.</b>  <b>C)</b> Has the subject had any chest symptoms or neurological symptoms such as weakness or numbness since the last visit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes, complete ATE Screening Form.</b>									

\* Defined as vaginal bleeding equivalent or less in volume and length to subject's pre-pregnancy menstrual bleeding and blood flow does not soak through one or more sanitary pads or tampons every hour for several consecutive hours. Normal postpartum vaginal bleeding should diminish in volume and be less red in colour each day when compared to the previous day.

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Delegate's Name

\_\_\_\_\_  
Delegate's Signature

D	D	M	M	M	Y	Y	Y	Y
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Date