

## **PARTUM Case Report Form Table of Contents**

Instructions .....	3
Confirmation of Eligibility .....	4
Inclusion Criteria .....	4
Exclusion Criteria .....	5
Eligibility Criteria .....	6
Randomization Case Report Form .....	7
Randomization Details .....	7
Study Medication.....	7
Baseline Assessment Case Report Form .....	8
A. Demographic Data.....	8
B. Medical History.....	8
C. Obstetrical History.....	9
D. Current Pregnancy .....	10
E. Delivery Details.....	10
F. Infant Details .....	12
G. Immediate Postpartum Details.....	12
Concomitant Medication Form.....	14
6 Week Follow-up Case Report Form .....	16
A. Details of Follow-up .....	16
90 Day Follow-up Case Report Form.....	18
A. Details of Follow-up .....	18
Unscheduled Follow-up Visit Case Report Form .....	19
A. Details of Follow-up .....	19
End of Study Case Report Form .....	20
A. Study Completion.....	20
B. Suspected Secondary Outcome Events .....	20
Follow-up Screening: VTE.....	21
VTE Screening .....	21
Follow-up Screening: ATE.....	22
ATE Screening .....	22
Follow-up Screening: Bleeding .....	23
Bleeding Screening .....	23
Protocol Deviation / Violation Form .....	24
Type of Event.....	24
Protocol Deviation / Violation / Unanticipated Risk Involving Participant (UaP) .....	24
Adverse Event Form .....	26

--	--

--	--	--

Timeline of Adverse Event.....26

Adverse Event Information .....26

Serious Adverse Event Form.....28

Serious Adverse Event Information.....28

Relevant Information to SAE .....29

Study Medication.....29