



Patient Initials Date of Birth / / Trial Number **R**

Date of Receipt / / (For MRC CTU use only)

This CRF should be completed if either the **patient or their partner** becomes pregnant **while the patient is receiving durvalumab/tremelimumab infusions** or **during the 6 months following the patient's last infusion**. Please send within 24 hours of becoming aware of the pregnancy.

A. Pregnancy Details (please fill in this section as soon as aware of pregnancy, then sign, date, and photocopy the form and send to MRC CTU)

1 **Who is pregnant?**

- Patient —  go to Q-A3, also  please complete an End of Tremelimumab/ Durvalumab Treatment CRF (Form 07A/B)
- Partner of patient

2 / / **Date pregnant partner consented to usage of details**

3 / / **Date of last menstrual bleed**

4 / / **Date of pregnancy confirmation**

5 / / **Estimated due date**

Signature

Printed Name

Date Completed

/ /

B. Pregnancy Outcome (please fill in this section as soon as details known, then sign, date, and photocopy the form and send to MRC CTU)

1 **Pregnancy outcome**

- Live birth
- Still birth
- Spontaneous termination/miscarriage
- Induced termination

2 / / **Date of pregnancy outcome**

3 weeks **Gestational age of baby**

4 kg **Birth weight of baby**

5 **Gender of baby**

- Female
- Male
- Other, please specify:

6 **Any congenital abnormalities or birth defects present?**

- No
- Yes, please describe:

.....

.....

Signature

Printed Name

Date Completed

/ /

Please return a copy to RAMPART Trial, MRC Clinical Trials Unit at UCL, 90 High Holborn, 2nd Floor, London WC1V 6LJ

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B. Pregnancy Outcome - Continued

7 Any further comments?

- No
- Yes, please describe:

.....
.....

Signature

Printed Name

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