20204095 #29323472.1

## TEVA MIGRAINE PREGNANCY REGISTRY PATIENT REGISTRATION FORM

IRB Approved at the Protocol Level Feb 03, 2021

Registry Phone Number: 833-927-2605 Registry Fax Number: 800-800-1052 301 Government Center Drive, Wilmington, NC 28403 TevaMigrainePregnancyRegistry@syneoshealth.com

Patient Name:		For Office Use Only				
		Data collected by phone: ☐ Yes ☐ No				
Patient ID #:		Date data received:				
		dd mmm yyyy				
Date Of Form Completion:/						
DD MMM	YYYY					
1. Reporter contact						
1.1 Reporter of First Contact						
☐ Obstetric Health Care Provider						
Prescribing or Other Health Car	e Provider (Specify Specialty)					
☐ Pregnant Patient						
	atient requiring Assent/family mem	ber)Specify:				
1.2 First Contact Type	Date of Firs	st contact:				
phone mail	Date of the	dd/mmm/yyyy				
email other Specify		,,,,,,				
Patient Name:	Patient Phone Number:					
Alta	Patient Emai	il Address:				
Alternate Contact Form Completed	?					
☐ No (patient declined, not obtain	ned etc.)					
Tro (patient decimed, not obtain	104, 010.)					
1.3 Verbal Informed Consent Received Patient Age		nsent:				
Yes	Date Received:					
□ No		dd/mmm/yyyy				
Written Informed Consent Received	Patient Age at Co	onsent:				
☐ Yes	Date Received:	dd/mmm/yyyy				
□ No	aa/mmm/yyyy					
1.4 Health Care Provider Contact Information	tion					
Health Care Provider	Contact Information	Date of Medical Release				
Trouisir Gard Frovidor		(dd/mmm/yyyy)				
Obstetrician		· · · · · · · · · · · · · · · · · · ·				
Prescribing/other Health Care Provider						
D. P. C.						
Pediatrician						
Other Pediatric Health Care Provider						
Caro. I Galacio Ficalti Caro i Tovido						

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2. F	PREGNANCY INFORMATION					
2.1	Is The Patient Currently Pregnant? ☐ Yes ☐ No					
2.2	<ul> <li>2.2 Inclusion (Must answer "Yes" to at least one question below):</li> <li>a. Has the patient been exposed to at least 1 dose of AJOVY within 5 months prior to last menstrual period (LMP) or at any time during pregnancy?</li> <li>Yes</li> <li>No</li> </ul>					
	<ul> <li>b. Has the patient been exposed to a non-CGRP pathway targeting preventive migraine medication at any time during pregnancy and/or within 21 days prior to last menstrual period?</li> <li>Yes</li> <li>No</li> </ul>					
	c. Has the patient been exposed to CGRP-pathway targeting preventive migraine medication (other than AJOVY) at any time during pregnancy or within 5 months prior to last menstrual period?  Yes  No					
2.3	Estimated Date of Delivery: ddmmmyyyy (by LMP) [ Unknown					
	Date of Delivery (if Delivered):  dd mmm yyyy  Unknown \( \sum \) N/A					
2.4	Patient Date of Birth:					
2.5	Have Prenatal Tests Been Completed?  ☐ Yes (Prenatal Test results will be collected on the Health Care Provider Reported Baseline Data Form)  ☐ No  ☐ Unknown					

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2.6	<ul> <li>Type/Frequency of Migraine</li> <li>Episodic Migraine (EM) - less than 15 days per month</li> <li>Chronic Migraine (CM)-more than 3 months of headaches on 15 or more days/month on average, at least 8 days of migraine</li> <li>Unknown</li> </ul>							
2.7	Date of Migraine diagnosis:dd/mmm/yyyy	☐ Ur	nknown					
	GG////////////////////////////////////							
2.8	Severity of Migraine  Mild  Moderate  Severe  Unknown							
2.9	Migraine with Aura?  Yes No							
[NOT E	ENTERED IN REGISTRY DATABASE]							
	er's Signature Date							
	er's Printed Name	dd	Mmm	уууу				
Name/T	Title of Person Completing Form If Other Than Provider							