

## EXPOSURE IN UTERO INITIAL FORM Sonoma Biotherapeutics, Inc. | SBT777101-01

### MEDPACE CLINICAL SAFETY CONTACT INFORMATION

Email: [Medpace-SafetyNotification@medpace.com](mailto:Medpace-SafetyNotification@medpace.com)

US: +1-800-730-5779, Dial 3, or +1-513-579-9911, Dial 3 (p); +1-866-336-5320 or +1-513-570-5196 (f)

Europe: +49 89 89 55 718 44 (p); +49 89 89 55 718 104 (f)

<b>Part I-Initial Notification</b>				
<b>Study Information</b>				
Subject ID		Site ID		Principal Investigator
<b>Details of Mother and Pregnancy</b>			Is this a partner pregnancy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Age at onset of pregnancy		Occupation		
Relevant Medical History (including pregnancy risk factors, smoking, and alcohol, environmental and occupational exposure, etc.)				
Relevant Family History (history of congenital abnormalities, retardation, consanguinity between parents, etc.)				
Previous Pregnancies:				
Overall Number		Normal Deliveries		Spontaneous Miscarriages
				Elective termination
Previous maternal pregnancy complications:				
Previous fetal/neonatal abnormalities:				
Others (please specify):				
Current Pregnancy:				
Last Menstrual Period (DD-MMM-YYYY) ____/____/____				
and/or expected due date (DD-MMM-YYYY) ____/____/____				
Was the subject using hormonal contraception (oral or implant) or an IUD at the time of conception <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please specify)				
In-vitro fertilization? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please specify)				
Did the subject have an amniocentesis or chorionic villi sampling? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please give details)				
<b>Concomitant Medications Taken During Pregnancy (Include Study Medication)</b>				
Drug Name	Total Daily Dose	Duration of therapy		Indication for use
		Start	Stop	
Site Contact Name				
Investigator signature			Date	

## EXPOSURE IN UTERO FOLLOW-UP FORM Sonoma Biotherapeutics, Inc. | SBT777101-01

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<b>Part II- Follow-Up Notification</b>		
<b>Study Information</b>		
Subject ID	Site ID	Principal Investigator
<b>Outcome of Pregnancy</b>		
<input type="checkbox"/> Full Term		
<input type="checkbox"/> Premature Birth    If premature birth, gestational age: _____ weeks.		
<input type="checkbox"/> Spontaneous Miscarriage    If spontaneous miscarriage, gestational age: _____ weeks.		
<input type="checkbox"/> Ectopic pregnancy		
<input type="checkbox"/> Molar pregnancy		
<input type="checkbox"/> Elective Termination    If elective termination, gestational age: _____ weeks.		
Was the elective termination caused by any medical reason?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Complications, infections, or illnesses during pregnancy?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
<b>Details of Birth/Delivery</b>		
<input type="checkbox"/> Healthy Baby		
<input type="checkbox"/> Sick Baby (e.g., birth trauma, infection, etc.)		
<input type="checkbox"/> Congenital Anomaly/Birth Defect		
<input type="checkbox"/> Still Birth		
Date of Birth _____ (DD-MMM-YYYY)		
Weight:	grams	Length: cm    Apgar
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Details/Comments (Please comment on any abnormal condition or occurrence regarding outcome of pregnancy and/or birth/delivery. Please provide sickness/manifestations/diagnoses and probably cause.)		
Site Contact Name		
Investigator signature		Date