

BEXSERO® Pregnancy Registry

Participant Consent to Contact Card Potential Participant Name: Street Address: City: _____ State/Province: ____ Zip/Postal Code: _____ I authorize the BEXSERO Pregnancy Registry to Primary Phone Number: contact me and/or leave a message for me at these Alternate Phone Number numbers; or to contact me via email at the address ☐ Cell phone number ☐ Relative phone number ☐ Other listed below: I agree to the Registry referencing the BEXSERO Pregnancy Registry in messages or emails. E-mail Address: Best Time to Contact: PM AM Best Day to Contact: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday My Health Care Provider's Name is: ____ (print the name of your Health Care Provider on this line) **Privacy Statement:** Pharmaceutical Product Development, LLC. (PPD) respects that privacy is important to you. The information you provide on this form will be used to contact you for the purposes of assessing your eligibility to participate in the BEXSERO Pregnancy Registry. This information will be held by PPD and not shared with the study sponsor GlaxoSmithKline (GSK) or any other third party without your permission. In the event you choose not to enroll, Registry staff will request permission to share your contact information with GSK in order for them to contact you for safety follow up about your pregnancy. If you do not provide permission, and do not enroll in the Registry your contact details will be deleted. Potential Participant's Signature: Date: Fax completed form to: 1-866-898-0564 OR Mail to: **BEXSERO Pregnancy Registry** 929 North Front Street Wilmington, NC 28401-3331 Toll-Free #: 1-877-413-4759 BEXSEROPregnancyRegistry.SM@ppdi.com OR Email to: