

OBRAZAC ZA PRIJAVU TRUDNOĆE (PREGNANCY REPORT FORM)	Izveštaje o trudnoći treba ODMAH poslati odjelu za farmakovigilanciju društva Swixx Biopharma d.o.o. (Pregnancy reports must be sent to Swixx Biopharma d.o.o. IMMEDIATELY) Email: medinfo.croatia@swixxbiopharma.com			
Datum zaprimanja informacije*: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>(Date of Awareness): dan (dd) mjesec (mon) godina (yyyy)</small>				
Spol bolesnika: (Sex of Patient) <input type="checkbox"/> ženski (Female) <input type="checkbox"/> muški (Male)				
<input type="checkbox"/> Trudnoća bolesnice (Pregnancy of Patient)				
<input type="checkbox"/> Trudnoća partnerice muškog bolesnika (Pregnancy of Patient's Partner) ILI (OR) <input type="checkbox"/> izloženost trudnice (Exposure of a Pregnant Female) (ispunite donje podatke) (Complete information below)				
Inicijali trudnice (I,P): <small>Pregnant Woman's Initials (F, L)</small> <input style="width: 40px; height: 20px;" type="text"/>	Datum rođenja: <small>(Date of Birth)</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>	Starost bolesnice: <small>(Patient's Age):</small> <input style="width: 40px; height: 20px;" type="text"/>		
Inicijali bolesnika (I,P): (koji je primio lijek) <small>Patient Initials (F, L): (Who received drug)</small> <input style="width: 40px; height: 20px;" type="text"/>	Datum rođenja: <small>(Date of Birth):</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>	Starost bolesnika: <small>(Patient's Age):</small> <input style="width: 40px; height: 20px;" type="text"/>		
Ime lijeka: (Drug Name) <input style="width: 300px; height: 20px;" type="text"/>		Datum prve doze: (Date of First Dose) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>	Datum zadnje doze: (Date of Last Dose) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>	
Trudnoća u početku potvrđena pomoću: (Pregnancy Initially Diagnosed By):		<input type="checkbox"/> testa urina kod kuće (Home Urine Test)	<input type="checkbox"/> testa urina u ambulanti (Office Urine Test)	<input type="checkbox"/> serumskog testa (Serum Test)
Datum testa na trudnoću: <small>(Date of Pregnancy Test)</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>		Posljednja menstruacija: <small>(Last Menstrual Period):</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>
Žena je trenutno: (Female is Currently) _____ tjedna trudna (weeks pregnant) ILI (OR) <input type="checkbox"/> nije više trudna (No longer Pregnant) <input type="checkbox"/> nepoznato (Unknown)				
Žena je odlučila: (Female has Elected to):		<input type="checkbox"/> roditi dijete (procijenjeni datum rođenja) <small>Carry Pregnancy to Term (Expected Date of Delivery)</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>
		<input type="checkbox"/> prekinuti trudnoću (datum prekida ili još nije obavljen): <small>Terminate Pregnancy (Date Performed or Pending)</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>
Ime prijavitelja: <small>(Reporter's Name)</small> <input style="width: 100%; height: 20px;" type="text"/>				
Potpis prijavitelja: <small>(Reporter's Signature)</small> <input style="width: 100%; height: 20px;" type="text"/>		Datum: <small>(Date)</small> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>dan (dd) mjesec (mon) godina (yyyy)</small>		
Kontaktne informacije/adresa: <small>(Contact Information/Address)</small> <input style="width: 100%; height: 20px;" type="text"/>				
Broj telefona prijavitelja: <small>(Reporter's Phone Number)</small> <input style="width: 100%; height: 20px;" type="text"/>		Broj faksa prijavitelja: <small>(Reporter's Fax Number)</small> <input style="width: 100%; height: 20px;" type="text"/>		E-mail adresa prijavitelja: <small>(Reporter's E-mail Address)</small> <input style="width: 100%; height: 20px;" type="text"/>
Ime liječnika, koji je bolesniku propisao lijek: <small>(Patient's Prescribing Physician's Name)</small> <input style="width: 100%; height: 20px;" type="text"/>				
Kontaktne informacije/adresa: <small>(Contact Information/Address)</small> <input style="width: 100%; height: 20px;" type="text"/>				
Broj telefona liječnika, koji je bolesniku propisao lijek: <small>(Patient's Prescribing Physician's Phone Number)</small> <input style="width: 100%; height: 20px;" type="text"/>		Broj faksa liječnika: <small>(Physician's Fax Number)</small> <input style="width: 100%; height: 20px;" type="text"/>		E-mail adresa liječnika: <small>(Physician's E-mail Address)</small> <input style="width: 100%; height: 20px;" type="text"/>

* **Napomena:** Molimo navedite prva tri slova u mjesecu (npr. SIJ)

Please use the first three letters of the month (e.g.: JAN)

Obavijest o privatnosti

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Privacy Notice

Your personal data will be processed by Bristol-Myers Squibb Pharma EEIG (hereinafter "BMS"), as marketing authorization holder of pharmaceutical products and its worldwide Affiliates (together « we », « us », « our »), to the extent and for as long as necessary, for the purposes of the compliance with drug safety legal obligations and for storage purposes.

To conduct risk management program activities, we use third party service providers, such as, in this case, Swixx Biopharma d.o.o. (Swixx) who will handle directly any reporting relating to pregnancy, acting on our behalf, and upon our prior instructions.

Either BMS or Swixx may disclose your personal information to regulatory authorities, affiliates of the BMS Group, service providers or other collaborators. Some of these entities may be located outside of the EU. BMS will take appropriate measures, such as implementing standard data protection clauses adopted by the European Commission, to ensure that your personal information will be kept secure in accordance with applicable data protection law. BMS will only retain your personal data for the length of time required by law.

Under applicable law, you may have the right to access and verify your personal information held by BMS, receive a copy of it, obtain its correction and deletion if it is inaccurate and object to certain processing. If you wish to exercise those rights, you can contact our data protection officer at eudpo@bms.com. You may also have the right to lodge a complaint with the supervisory authority enforcing data protection in your country you can access the European Commission's list of competent data protection authorities under this URL https://edpb.europa.eu/about-edpb/board/members_en.