CHUV Swiss Teratogen Information Service
Division de pharmacologie clinique
Pr T. Buclin, Médecin-Chef
Rue du Bugnon 17/01/105
1011 Lausanne

Request to the STIS

Sender (our centre answers healthcare professionals)**:**

Name :

Street : Postal code/City :

Phone : Fax :

Date of request:

Patient (our centre accepts anonymous requests with initials and year of birth):

Last name : First name : Birth date :

Pregnancy: Date of last menstrual period : Gestational week (ultrasound) :

Gravida : **Para :** **Previous pregnancies**: ☐ Elective abortion …... ☐ Spontaneous abortion …...

Current pregnancy : ☐ Spontaneous ☐ IVF ☐ ICSI ☐ Ovarian stimulation ☐ Other

☐ Desired ☐ Unexpected and accepted ☐ Ambivalent ☐ Not desired (elective abortion planned)

Medication to which the patient was exposed

Medication	Daily dose	Route of administration	Administration from*	to**	Indication
1.					
2.					
3.					
4.					
5. Folic acid ☐ yes ☐ no ☐ ?					

* Date or duration (number of days / months / years) ** Date, duration or if treatment is pursued : ONGOING

Comments :

Other risk factors for this pregnancy :

Alcohol consumption	☐ yes	☐ no	☐ ?	Quantity ……………..……
Tobacco use	☐ yes	☐ no	☐ ?	Number of cigarettes/day ………………..
Illicit drug use	☐ yes	☐ no	☐ ?	Substances, frequency
Hypertension	☐ yes	☐ no	☐ ?	
Diabetes	☐ yes	☐ no	☐ ?	
Obesity	☐ yes	☐ no	☐ ?	Weight……………..…… Height ……………..…… (preconceptional)
History of congenital anomaly	☐ yes	☐ no	☐ ?	
Risk related to psycho-social context	☐ yes	☐ no	☐ ?	

Other :

Examinations/tests

Pregnancy test :	Date	2 0	Result	
Ultrasound :	Date	2 0	Result	
Karyotype :	Date	2 0	Result	

Other :

Chemicals :

Professional activity percentage :

Duration of exposure :

Ventilation of premises : ☐ yes ☐ no

Protection : gloves, glasses, coat, ventilation hood

Symptoms (ENT, headache) :

Breastfeeding :

Child age :

Gestational age at birth :

Child's weight :

Breastfeeding :
☐ complete ☐ partial

Gynaecologist who will follow this pregnancy:

Name:

Address :

Phone :

E-mail: stis@chuv.ch