

# FAX COVERSHEET

**TO: Merck Pregnancy Registry Program  
Clinical Risk Management and  
Safety Surveillance  
Merck & Co., Inc.**

**FAX: (267) 305 - 6541  
TEL: (267) 305 - 7005**

**FROM:** \_\_\_\_\_  
Name of sender - please enter name  
and address of requester below.

**FAX:** \_\_\_\_\_

**TEL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**# of pages:** \_\_\_\_\_

## Message to the Merck Pregnancy Registry:

I am requesting information from the Pregnancy Registry for \_\_\_\_\_<sup>®</sup>  
(name of product must be specified). Please send the latest Annual Report along  
with the forms used to collect registry data to the fax number above.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your interest in the Merck Pregnancy Registry Program.**

**CONFIDENTIALITY NOTE:** This telefax contains confidential information belonging to Merck & Co. Inc. If you are not the intended recipient, any disclosure, copying or use of this telefax is strictly prohibited and you should immediately notify the sender to arrange for return of the documents.