Vyvgart® Pregnancy Study
Medical Release of Information
Protocol ARGX-113-PAC-2206

A WORLDWIDE PREGNANCY SAFETY STUDY TO ASSESS MATERNAL, FETAL, AND INFANT OUTCOMES FOLLOWING EXPOSURE TO EFGARTIGIMOD DURING PREGNANCY AND/OR BREASTFEEDING

Study Sponsor: argenx BV

Vyvgart Pregnancy Study Coordinating Center
933 Canyon Road
Morgantown, WV 26508
Phone: 855-272-6524
Fax: 866-295-8843

Medical Release of Information/Request for Medical Records

I, _____, give my permission for the release of information
Please print name.
regarding my pregnancy and its outcome, including monitoring the growth and development of my baby through their first 12 months of age, to the Vyvgart® Pregnancy Study*.

You have the right to review your medical information prior to its release and you have the right to refuse to sign this authorization to prevent its release. Your health care provider(s) receiving your information will ensure that the information is maintained in a confidential manner. Your health care (or payment for care) will not be affected by whether or not you sign this authorization.

_____ _____
Date Patient Signature / Legal Representative (if applicable)

Address: _____

_____

Telephone: _____

Secondary Phone: _____

Patient DOB: _____

**This pregnancy safety study will apply to pregnant subjects who have received either Vyvgart® (efgartigimod alfa-fcab) or Vyvgart Hytrulo® (efgartigimod alfa and hyaluronidase-qvfc) – referred to as "efgartigimod" or "Vyvgart" interchangeably throughout this document.*