



# State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: October 13, 2015  
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:  
PPOH

3. Address of medical practice or facility at which RU-486 was provided:  
3255 East Main St. Columbus, OH 43213

4. Date post RU-486 complication began:  
10/29/2015

5. Event(s) (Please check all that apply):  
 Incomplete abortion       Adverse reaction to RU-486       Patient hospitalized  
 Patient received a transfusion       Severe bleeding  
 Other serious event (specify) \_\_\_\_\_

6. Duration of event: \_\_\_\_\_ Hours \_\_\_\_\_ Days

7. Remarks: incomplete medication abortion following FDA approved protocol.

8. a. Name of physician who provided RU-486: Catherine Romanas  
 8. b. Physician's signature: \_\_\_\_\_ MD/DO  
 Date: 10/28/15

Send completed forms to: State Medical Board of Ohio  
 Legal Department  
 30 E. Broad St., 3<sup>rd</sup> Floor  
 Columbus, OH 43215-6127

**MEDICAL BOARD**  
**NOV 2 2015**



# State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: January 13, 2015  
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:  
PPOH

3. Address of medical practice or facility at which RU-486 was provided:  
3255 East Main St., Columbus, OH 43213

4. Date post RU-486 complication began: 1/30/15

5. Event(s) (Please check all that apply):

Incomplete abortion       Adverse reaction to RU-486       Patient hospitalized

Patient received a transfusion       Severe bleeding

Other serious event (specify) \_\_\_\_\_

6. Duration of event: N/A Hours \_\_\_\_\_ Days \_\_\_\_\_

7. Remarks:  
failed secondary to FDA protocol

8. a. Name of physician who provided RU-486 Catherine Roman

8. b. Physician's signature [Signature] MD/DO

Date 2/3/15

Send completed forms to: State Medical Board of Ohio  
 Legal Department  
 30 E. Broad St., 3<sup>rd</sup> Floor  
 Columbus, OH 43215-6127

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**FEB 9 2015**