



# 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: August 28, 2014  
Month Day Year

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

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

4. Date post RU-486 complication began:  
September 12, 2014

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:  
FOA protocol resulted in incomplete procedure

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

8. b. Physician's signature  MD/DO

Date 9/16/2014

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**  
 SEP 19 2014