



State Medical Board of Ohio Report of RU-486 Event

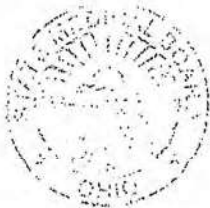
(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	11	16	2023
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Greater Ohio			
3. Address of medical practice or facility at which RU-486 was provided: 25350 Rockside Road, Bedford Heights, Ohio, 44146			
4. Date post RU-486 complication began: 11/17/23			
5. Event(s) (Please check all that apply):			
<input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>Failed, ectopic</u>			
6. Duration of event: <u>1</u> Hours <u> </u> Days			
7. Remarks: US preformed on 11/16/23 unknown location of pregnancy noted. Pt had MAB per FDA regimen on 11/16/23 with FU hcg quants and ectopic precautions. Hcg quant results 11/17/23 showed concern for ectopic pregnancy. Pt referred to ED 11/17/23. 11/17/23 ED US found left tubal ectopic and pt underwent LS left salpingectomy.			
8. a. Name of physician who provided RU-486 <u>Bhavik Kumar</u>			
8. b. Physician's signature M.D. / D.O.			
Date <u>12/27/23</u>			

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

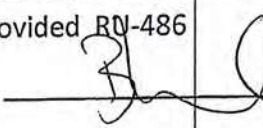
JAN 08 2024
STATE MEDICAL BOARD OF OHIO



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:	10/18/2023
	Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood of Greater Ohio
3. Address of medical practice or facility at which RU-486 was provided:	25350 Rockside Road, Bedford Heights, Ohio, 44146
4. Date post RU-486 complication began:	10/27/2023
5. Event(s) (Please check all that apply):	<input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>Failed abortion</u>
6. Duration of event:	<u>1</u> Hours <u> </u> Days
7. Remarks:	RU-486 was administered on 10/18/23 per FDA regimen. Patient had MAB follow-up visit, at this appointment Ultrasound showed continued pregnancy. Patient proceeded with uterine aspiration. Patient did well post-op.
8. a. Name of physician who provided RU-486	Bhavik Kumar
8. b. Physician's signature	 <u>M.D./D.O.</u>
	Date <u>12/27/2023</u>

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