



## ENTIS MEMBERSHIP FORM

**Name of applicant** .....  
Qualification(s) and year achieved.....  
E-mail address.....  
Address.....  
Phone number..... Fax number.....  
Your current position.....

### Affiliation(s)

University.....  
Governmental institution.....  
Public Hospital.....  
Private Hospital.....  
Private Center.....  
Other.....

Are you representing

a TIS                       an Individual

“ENTIS members are programs or institutions engaged in counselling pregnancies at risk and evaluating and following up pregnancy outcome. In addition, individuals scientifically engaged in clinical teratology and/or drug risk assessment in pregnancy can be an associate member.” (ENTIS Law Bylaws, June 2013)

What would you like to apply for

ENTIS Member                      *Please complete Part A and C.*  
 ENTIS Associate member                      *Please complete Part B and C.*

### Costs per year (2013/2014):

ENTIS observer	100 €
ENTIS member	300 €
Associate member	100 €
Associate member with Reprotox access	300 €

Application Form for ENTIS membership (2013)

**PART A – TIS** (*Please complete the following*):

Name of the service .....  
Website.....  
Country..... City.....  
Geographical area served.....  
Year in which your service was established.....  
Service hours: Days ..... Hours.....

**Staff in your TIS:**

Head of Service.....  
Qualification.....  
E-mail address.....  
Phone number..... Fax number.....

- Physicians    Pharmacists    other Scientists    Midwives  
 Nurses    Secretary    Students

Other.....

How many of the staff have experience in Teratology.....  
.....

Please provide details of training AND clinical experience .....  
.....  
.....  
.....

Is your service **primarily** funded from

- Public funds    Private funds

Is your service involved in any other activity that is funded by:

- Industry    Research grants    Private health insurance

*Please detail* .....  
.....  
.....  
.....

*Please continue to PART C.*

**PART B – Individual** (Please complete the following):

**Details of clinical teratology activity:**

1. Are **you** involved in clinical teratology research?  Yes  No

*If yes, please provide details on a separate page, unless provided in CV*

2. Do **you** provide counseling or clinical advice regarding the fetal effects of drugs or other exposures in human pregnancy?  Yes  No

*If yes, please complete part C.*

**Affiliation:**

Are you affiliated with a: (please tick all that apply)

- TIS  Poison center  Prenatal diagnostic center  
 Malformation registry  Drug information service  Other.....

*Please detail* .....  
.....  
.....

**Please provide details of how your position is funded:**

Public funds.....

Private funds.....

**Experience in clinical teratology** since.....

*Please specify*.....

*If necessary, please add extra lines*.....

Relevant scientific papers or abstracts from the last 2 years.....

.....

.....

*If necessary, please add a separate page, unless provided in CV.*

**Conflicts of interests**<sup>1</sup>:.....

.....

Would you like to have access to REPROTOX  Yes  No

PLEASE ENCLOSE AN UP-TO-DATE COPY OF YOUR CV.

*If applicable, please continue to part C.*

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<sup>1</sup> Any financial interests, direct or indirect, that might be perceived as affecting the independency of the applicant, e.g. from pharmaceutical industry.

Application Form for ENTIS membership (2013)

**PART C** (Please complete the following):

Do you/your organisation provide advice or counselling

Face-to-face.....Phone.....Website.....  
Letter.....E-mail.....

Do you/your organisation accept enquiries from:

Health professionals.....Members of the public.....  
Other.....

Which of the following exposure categories do you/your organisation advise on:

Preconception.....During pregnancy.....Lactation.....  
Paternal.....Prospective.....Retrospective.....  
Occupational exposure.....Other.....

Which of the following exposure types do you/your organisation advise on:

Drugs.....Infections.....Irradiation.....  
Chemical.....Others.....

**Is this advice provided free of charge:**     Yes     No

If no, how much (in €) per consultation/patient.....

**Resources:**

Do you have internet access?     Yes     No

Which of the following resources do you currently use to find information on drug use in pregnancy?

- Published scientific papers     Reprotox  
 Internet sites (please list).....  
 Text books (please list).....  
 Other (please list).....

**Recording of enquiries:** Do you record all enquiries on an

electronic database or/and     as a paper record

If electronic, is it based on:

Access     SPSS     Excel     web based     Other (please specify).....

Do you follow up enquiries to obtain pregnancy outcome?     Yes     No

If you follow up only certain exposures please specify

.....

At what intervals is follow-up performed?

During pregnancy     at birth     1 year     other.....

Number of enquiries received by you (associate member application) or your TIS / organization in the past calendar year (Jan –Jan): .....

Number of enquiries followed up in the past calendar year: .....

Signature:..... Date:.....