Barts and The London
School of Medicine and Dentistry

Registry Identification Code (RIC):

Participant Details	
Date of Birth:	**Gender:** ☐ Male ☐ Female ☐ Other ☐ Uncertain
Ethnicity: **White** ☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background **Mixed/Multiple ethnic groups** ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other Mixed/Multiple ethnic background	**Asian/Asian British** ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background **Black/ African/Caribbean/Black British** ☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean background **Other ethnic group** ☐ Arab ☐ Any other ethnic group ☐ Unknown Other, please specify:
Secondary ITP Diagnosis Date: **Consent date for Secondary ITP Registry:**	
Blood Samples	
Has the participant consented to provide biological samples? 1. Yes 2. No	
Was a biological sample sent? 1. Yes 2. No	
Sample Sent Date:	
Sample Received Date (Registry Team To Complete):	

Secondary/Associated Condition Details. This section is related to the Secondary/Associated Condition.

Secondary ITP Diagnosis Date:

What is the Secondary/Associated Condition the participant has?

- ☐ Connective tissue disorder
- ☐ Malignancy
- ☐ Antiphospholipid Syndrome
- ☐ Infection
- ☐ Immunodeficiency
  - Specify type: _____
- ☐ Evans Syndrome (ITP + AIHA)
- ☐ ITP associated with autoimmune neutropenia
- ☐ Drug induced
  - Specify drug name: _____
- ☐ Vaccine Associated ITP
  - Name of vaccine: _____
- ☐ Post transfusion purpura
- ☐ ITP post Haematopoietic Stem Cell Transplant (HSCT)
- ☐ ITP post Solid Organ Transplant
- ☐ Other (please specify) _____

If 'Connective tissue disorder', select type:

- ☐ Systemic Lupus Erythematosus (SLE)
- ☐ Rheumatoid Arthritis
- ☐ Sicca Syndrome
- ☐ Mixed Connective Tissue Disorder
- ☐ Systemic Sclerosis
- ☐ Dermatopolymyositis
- ☐ Other (please specify) _____

Was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation?
  - Corticosteroids
  - Mycophenolate
  - Azathioprine
  - Cyclosporin
  - Cyclophosphamide
  - Hydroxychloroquine
  - Methotrexate
  - Sulfasalazine
  - Leflunomide
  - Rituximab (anti-CD20)
  - Belimumab (BAFF inhibitor)
  - Infliximab (anti-TNF)
  - Adalimumab (anti-TNF)
  - Certolizumab pegol (anti-TNF)
  - Etanercept (anti-TNF)
  - Golimumab (anti-TNF)
  - Brodalumab (anti-IL17)
  - Guselkumab (anti-IL12)
  - Ustekinumab (anti-IL12/23)
  - Mepolizumab (anti-IL5)
  - Anakinra (anti-IL1)
  - Canakinumab (anti-IL1)

- Tocilizumab (anti-IL6)
- Sarilumab (anti-IL6)
- Abatacept (T cell inhibitor)
- Targeted synthetic DMARDS: tofacitinib (JAK
- inhibitor)
- Baricitinib (JAK inhibitor)
- Filgotinib (JAK inhibitor)
- Upadacitinib (JAK inhibitor)
- Other treatment (please specify): _____

☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation?

- Corticosteroids
- Mycophenolate
- Azathioprine
- Cyclosporin
- Cyclophosphamide
- Hydroxychloroquine
- Methotrexate
- Sulfasalazine
- Leflunomide
- Rituximab (anti-CD20)
- Belimumab (BAFF inhibitor)
- Infliximab (anti-TNF)
- Adalimumab (anti-TNF)
- Certolizumab pegol (anti-TNF)
- Etanercept (anti-TNF)
- Golimumab (anti-TNF)
- Brodalumab (anti-IL17)
- Guselkumab (anti-IL12)
- Ustekinumab (anti-IL12/23)
- Mepolizumab (anti-IL5)
- Anakinra (anti-IL1)
- Canakinumab (anti-IL1)
- Tocilizumab (anti-IL6)
- Sarilumab (anti-IL6)
- Abatacept (T cell inhibitor)
- Targeted synthetic DMARDS: tofacitinib (JAK
- inhibitor)
- Baricitinib (JAK inhibitor)
- Filgotinib (JAK inhibitor)
- Upadacitinib (JAK inhibitor)
- Other treatment (please specify): _____

☐ No

If 'Malignancy', select type:

- ☐ Solid organ malignancy.
  - Specify type: _____
- ☐ Clonal paraprotein detected but no overt haematological malignancy
  - (Specify subtype e.g. IgG/Ig M, and diagnosis if known e.g. MGUS):

    _____
- ☐ Haematological malignancy (select type)
  - Multiple Myeloma
  - Lymphoma
    - Specify type: _____
  - B-Cell CLL
  - Waldenstrom Macroglubulinaemia (WM)
- ☐ Other
  - Specify type: _____

If 'Solid organ malignancy' for malignancy type, was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes: Initial treatment of malignancy:
  - Surgical resection
  - Radiotherapy
  - Chemotherapy; specify details: _____
  - Adjunctive therapy; specify details: _____
- ☐ No

Subsequent treatment: _____

Disease status at time of ITP presentation:

- ☐ Cured or no known active disease & off treatment (excluding adjunctive therapy)
- ☐ Persisting or recurring local disease
- ☐ Metastatic disease
- ☐ Other, (please specify): _____

Was the participant receiving treatment at time of ITP presentation?

- ☐ Yes (please specify): _____
- ☐ No

If 'Clonal paraprotein detected but no overt haematological malignancy', 'Haematological malignancy' or 'Other' for malignancy type, was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes (What previous treatment(s) had the participant received but was no longer on at ITP presentation?): _____
- ☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

- ☐ Yes (What treatment(s) was the participant receiving at the time of ITP presentation?): _____
- ☐ No

If 'Antiphospholipid Syndrome'; prior history of thrombosis?

- ☐ Yes (Please enter the thrombosis details in the 'Comorbidities and events of specialist interest' Form.)
- ☐ No

Was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation? _____
- ☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

- ☐ Yes (What treatment(s) was the participant receiving at the time of ITP presentation?): _____
- ☐ No

If 'Infection', select type:

- ☐ HIV
- ☐ Hepatitis C
- ☐ Hepatits B
- ☐ Transient infection associated with onset of ITP
  - Specify type: _____
- ☐ Other
  - Specify type: _____

Was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation?

  _____

- ☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

- ☐ Yes (What treatment(s) was the participant receiving at the time of ITP presentation?):

  _____

- ☐ No

If 'Immunodeficiency', Vaccine trial response; any relevant genetic test results?

- ☐ Yes (please specify): _____
- ☐ No

Was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation?

  _____

- ☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

- ☐ Yes (What treatment(s) was the participant receiving at the time of ITP presentation?):

  _____

- ☐ No

For all other remaining Secondary/Associated Conditions (Evans Syndrome (ITP + AIHA); ITP associated with autoimmune neutropenia; Drug induced; Vaccine Associated ITP; Post transfusion purpura; ITP post Haematopoietic Stem Cell Transplant (HSCT); ITP post Solid Organ Transplant; Other):

Was the associated condition diagnosed prior to the ITP diagnosis?

- ☐ Yes; what previous treatment(s) had the participant received but was no longer on at ITP presentation?

  _____

- ☐ No

Was the disease considered otherwise active at ITP presentation? e.g. symptomatic

- ☐ Yes (What treatment(s) was the participant receiving at the time of ITP presentation?):

  _____

- ☐ No

Anthropometric and Lifestyle Data - Please enter the following anthropometric and lifestyle information. Please complete at the time of registration. Repeat entries not required.	
Weight (kg): **kg** **Month of weight:** **Year of weight:**	**Height (cm):** **cm** **Month of height:** **Year of height:**
Smoking status at consent: ☐ No data ☐ Never smoked ☐ Ex-smoker ☐ Current smoker **Month smoking status was record:** **Year smoking status was record:**	
Does the participant drink alcohol? • Yes • No • No information available	
Alcohol amount: ☐ Occasional ☐ <10 units per week ☐ 11-20 units per week ☐ 21-40 units per week ☐ >40 units per week ☐ Amount not available **Month drinking status was recorded: Year drinking status was recorded:**	

Bleeding events - Please use headings provided in first row to guide completion of remaining rows		
Skin		
Bleed Type/Site	**Severity of Bleed**	**Date of Bleed**
Bruise Petechiae Subcutaneous Haematoma Bleed from minor wounds Other (please specify)	Bruise severity (number of bruises): 1-5 >5 Unknown	
	Petechiae severity (number of petechiae): ≤10 >10 >50 Unknown	
	Subcutaneous Haematoma severity: ≤2 >2 Unknown	
	Minor wound severity: ≤ 5 mins > 5 mins Unknown	
e.g. Bruise	e.g. >5	e.g. 01/09/2018

Mucosal			
Bleed Type/Site	**Severity of Bleed based on bleed type/site**	**Date of Bleed**	**If Epistaxis bleed, was a transfusion required?**
Epistaxis Oral cavity Subjunctional Bleeds Other (please specify)	Epistaxis Severity: Whilst blowing nose Spontaneous and lasting < 5 mins Spontaneous and lasting >5 mins Required packing/cauterisation Unknown		Yes No
	Oral cavity bleed severity: Gum Bleeding Bullae or blisters Bleeding from bites to lips and tongue Unknown		
e.g. Oral Cavity	e.g. Bleeding from bites to lips and tongue	e.g. 01/09/2018	

Organ			
Bleed Site (Select one)	**Bleed Type (Select based on bleed site)**	**Was transfusion required**	**Date of Bleed**
Gastrointestinal bleed (e.g. rectal bleed, haematemesis and malaena) Gynaecological bleed Haemarthrosis Intracranial bleed Intramuscular haematoma Ocular haemorrhage Pulmonary haemorrhage (e.g. haemoptysis, bleed into the lungs) Urinary (haematuria) Other internal bleed (please specify)	GI Bleed type: Occult blood Lower GI bleed Haematemesis and/ or malaena Other (please specify)	Yes No	
	Gynaecological Bleed Type: Occult blood Lower GI bleed Haematemesis and/ or malaena Other (please specify)		
	Intracranial Bleed Type: Traumatic Non-traumatic		
	Ocular Bleed Type: Retinal bleeds Vitreous bleeds Other (please specify)		
	Haematuria Bleed Type: Microscopic Macroscopic		
e.g. Ocular haemorrhage	e.g. Vitreous bleeds	e.g. Yes	e.g. 01/09/2018

Other	
Bleed Type	**Date of Bleed**
Post-procedural bleed Other (please specify)	
e.g. Post-procedural bleed	01/09/2018

ITP Surgical Treatments

Has the participant been considered for splenectomy or splenic embolization?

- ☐ Yes
- ☐ No (move onto the next section)

Did the participant have an indium labelled scan?

- ☐ Yes; what was the result:
  - Pure splenic sequestrations
  - Mixed Sequestrations
  - Hepatic Sequestration
  - Inconclusive results
  - Not stated
- ☐ No

What treatment did the participant have?	
☐ Splenectomy (specify type): ○ Laparoscopic ○ Open ○ Not recorded	☐ Splenic embolization
Procedure date:	

Did the participant have additional treatment to elevate the platelet count prior to the procedure?

- ☐ Yes (please enter details in the 'Medical ITP Treatments' form)
- ☐ No
- ☐ Uncertain

Were there any post-operative complications?	If 'Yes', complication type:
☐ Yes ☐ No ☐ Uncertain	☐ Thrombosis ☐ Intra-abdominal abscess ☐ Splenic abscess ☐ Bacterial sepsis ☐ Other (please specify): _____ **Complication Location:** **Complication date:**

Did the participant receive hyposplenic vaccinations?

- ☐ Yes
- ☐ No
- ☐ Uncertain

Date of hyposplenic vaccination:

Did the participant get started on prophylactic antibiotics?

- ☐ Yes
- ☐ No; why:
  - _____
- ☐ Uncertain

ITP Medical Treatments						
Medical ITP Treatments - Please use headings provided in first row to guide completion of remaining rows						
Treatment	**Unit of Dose**	**Dose**	**Start Date**	**Is participant still taking this medication ?**	**If No, end date**	**How long (days) were steroids prescribed for?**
Prednisolone IVIg Dexamethasone Methylprednisolone Mycophenolate Rituximab Romiplostim Eltrombopag Azathioprine Cyclophosphamide Cyclosporine Danazol Dapsone Vinca Alkaloids Anti-D Fostamatinib Avatrombopag Other (please specify)	g g/day g/kg/day mg mg/day mg/week mg/m^2/week mg/alternate days µg/kg/week Oral IV mg OD (once daily) mg BD (twice daily) mg once per week mg twice per week mg three times per week Other					

Supportive Therapies				
Treatment	**No. of Units (if applicable)**	**If Tranexamic acid, how was this given?**	**Start Date**	**End date**
Red Blood Cell Transfusion Platelet Transfusion Fresh Frozen Plasma Transfusion Cryoprecipitate Transfusion Tranexamic Acid H. Pylori Treatment Plasmapheresis Protein A Immunoadsorption		One off Continuous Unknown		

Impact of Treatment given for Secondary/Associated condition at or after ITP Presentation

Since the ITP diagnosis, has the participant received treatment/intervention for the secondary disorder?

- ☐ Yes
- ☐ No (move onto the next section)

Treatment/Intervention:

- ☐ Tumour resection, tumour radiotherapy, tumour chemotherapy
- ☐ Anti-microbial treatment of infection (please specify):

  _____

- ☐ Drug cessation (e.g. if drug induced thrombocytopenia) (please specify):

  _____

- ☐ Chemotherapy for haematological malignancy (please specify):

  _____

- ☐ Immunotherapy for systemic connective tissue disorder (please specify)

  _____

- ☐ Switching or reducing immune therapy post solid organ transplantation (please specify drug and what the change was):

  _____

- ☐ Immunoglobulin replacement therapy for immunodeficiency disorder
- ☐ HSCT intervention (e.g. DLI, GVHD treatment etc) (please specify)

  _____

- ☐ Other (please specify)

  _____

Treatment/Intervention start date:

Treatment/Intervention Dose:

Is participant still taking this treatment/intervention?

- ☐ Yes; enter today's date:
- ☐ No: enter treatment end date:

Impact of activity of Secondary/Associated condition on course of ITP. Please use headings provided in first row to guide completion of remaining rows		
Has a progression or relapse of the original associated condition resulted in a relapse of the ITP?	**If 'Yes', Describe the relapse/progression of the associated condition:**	**Relapse/progression date:**
☐ Yes ☐ No		
Was there an ITP relapse that was associated with/triggered by a different associated condition?	**If 'Yes', what was the associated condition?**	**Associated condition date:**
☐ Yes ☐ No	☐ Connective tissue disorder ☐ Malignancy ☐ Antiphospholipid Syndrome ☐ Infection ☐ Immunodeficiency ☐ Evans Syndrome (ITP + AIHA) ☐ ITP associated with autoimmune neutropenia ☐ Drug induced ☐ Vaccine Associated ITP ☐ Post transfusion purpura ☐ ITP post Haematopoietic Stem Cell Transplant (HSCT) ☐ ITP post Solid Organ Transplant ☐ Other (please specify): _____	

Co-morbidities - Please use headings provided in first row to guide completion of remaining rows						
Co-morbidity	**Type of Autoimmune disease**	**Type of Endocrine disorder**	**Type of Infection**	**Type of Arterial Thrombosis**	**Type of Venous Thrombosis**	**Date of Diagnosis**
• Autoimmune Disease • Cataracts • Chronic Liver Disease • Depression/ Anxiety • Endocrine Disorder • Hyperlipidaemia/ Hypercholesteraemia • Hypertension • Infection • Renal Failure/Impairment • Splenomegaly • Thrombosis- Arterial • Haemorrhagic Cerebrovascular Accident (Stroke) • Thrombosis- Venous • Other Bone or Joint Conditions • Other Musculoskeletal Conditions • Cancer • Other (please specify)	• Antiphospholipid syndrome (APS) • Aplastic anemia • Autoimmune hepatitis • Crohn's disease • Evans syndrome • Haemolytic anaemia • Perniscious Anaemia • Rheumatoid arthritis • Systemic lupus erythematosus (SLE) • Ulcerative colitis • Other (please specify)	• Diabetes, Type 1 • Diabetes, Type 2 • Hyperthyroidism (HYPER-thyroidism) • Hypothyroidism (HYPO-thyroidism) • Cushing's Syndrome • Addison's Disease • Other (please specify)	• COVID-19 • Candida Infection • Cytomegalovirus • H. Pylori Infection • Hepatitis A • Hepatitis B • Hepatitis C • Human Immunodeficiency Virus (HIV) • Influenza • Measles • Mumps • Other Respiratory Infection (e.g. Upper Airway • Respiratory Infection) • Pneumonia (inc. bacterial, viral, fungal or protozoan) • Rubella • Other (please specify)	• Acute Coronary Syndrome/ Myocardial Infarction (ACS) • Ischaemic Cerebrovascular Accident (Stroke) • Non-cerebral, non-coronary arterial thrombosis • (i.e. excludes ACS) • Revascularisation Procedure (CABG or PCTA) • Stable Angina (SA) • Transient Ischaemic Attack (TIA) • Other (please specify)	• Deep Vein Thrombosis (DVT) • Pulmonary Embolism (PE) • Portal Vein Thrombosis (PVT) • Renal Vein Thrombosis (RVT) • Splenic Vein Thrombosis (SpVT) • Superficial Vein Thrombosis • Other	

COVID-19 – If Comorbidity was 'Infection' and 'COVID-19' for 'Type of Infection' above.							
What was the maximum level of care required for the patient due to the COVID-19 diagnosis?	**Did the patient bleed?**	**Did the patients platelet count drop?**	**Did the patient require treatment for COVID-19?**	**If 'Yes', Name of treatment received for COVID-19 (Select all that apply)**	**If 'No', Why was the decision taken not to treat?**	**Did the patient take part in any COVID-19 clinical trial? If 'Yes', please give name of trial.**	**Is the patient alive?**
• Outpatient management • Inpatient stay no oxygen • One of: oxygen through CPAP / hi-flow OR cardiovascular support OR renal replacement therapy • Two of: oxygen through CPAP / hi-flow OR cardiovascular support OR renal replacement therapy • Intubation and ventilation • ECMO	• Yes (please enter details in the 'Bleeding events' form) • No • Uncertain	• Yes (please enter platelet count information in the 'Full Blood Counts (Hbs, Neutrophils, Plts)' form) • No • Uncertain	• Yes • No • Uncertain	• Dexamethasone • Low Molecular Weight Heparin • Tocilizumab • Sarilumab • Remdesivir • Treatment for ITP (please enter details in the 'ITP Treatments form') • Other	• Not indicated on basis of platelet nadir • Treatment indicated, but deemed too high risk because of COVID • Treatment indicated, but deemed too high risk because of non-COVID reasons, • Patient choice • Other		• Yes • No • Uncertain

Cancer			
Has the participant ever had a malignancy?	**If Haematological Malignancy, type**	**If Solid Tumour, type**	**Date of diagnosis**
• Haematological Malignancy • Solid Tumour	• Acute lymphoblastic leukaemia • Acute myeloid leukaemia • Chronic lymphocytic leukaemia • Chronic myeloid leukaemia • Chronic myeloproliferative disease • Hodgkins lymphoma • Multiple myeloma and malignant plasma cell neoplasms • Myelodysplastic syndromes • Non- Hodgkins lymphoma • Waldenstrom's macroglobulinaemia • Other (please specify)	Malignant neoplasm of adrenal gland Malignant neoplasm of anus and anal canal Malignant neoplasm of bladder Malignant neoplasm of bone and articular cartilage of limbs Malignant neoplasm of brain Malignant neoplasm of breast Malignant neoplasm of bronchus and lung Malignant neoplasm of oral cavity or tonsil Malignant neoplasm of cervix uteri Malignant neoplasm of colon Malignant neoplasm of gallbladder Malignant neoplasm of kidney Malignant neoplasm of larynx Malignant neoplasm of liver Malignant neoplasm of oesophagus Malignant neoplasm of ovary Malignant neoplasm of pancreas Malignant neoplasm of prostate Malignant neoplasm of rectum Malignant melanoma of skin Malignant neoplasm of skin- not melanoma Malignant neoplasm of small intestine Malignant neoplasm of stomach Malignant neoplasm of testis Malignant neoplasm of thyroid gland Malignant neoplasm of trachea Malignant neoplasm of uterus Malignant neoplasm of vulva Mesothelioma Malignant neoplasm- no specification of site Other (please specify)	

Family History - Please use headings provided in first row to guide completion of remaining rows

Family History Disease Type	Type of Autoimmune disease	Type of Cancer		Type of Coagulation Disorder	Type of Ischaemic Heart Disease	Type of Stroke	Relationship to participant
• Autoimmune Disease • Cancer • Coagulation Disorder • Immune Thrombocytopenia (ITP) • Ischaemic Heart Disease • Stroke • Other (please specify)	• Antiphospholipid syndrome (APS) • Aplastic anemia • Autoimmune hepatitis • Crohn's disease • Evans syndrome • Haemolytic anaemia • Perniscious Anaemia • Rheumatoid arthritis • Systemic lupus erythematosus (SLE) • Ulcerative colitis • Other (please specify)	Haematological Malignancy	• Acute lymphoblastic leukaemia • Acute myeloid leukaemia • Chronic lymphocytic leukaemia • Chronic myeloid leukaemia • Chronic myeloproliferative disease • Hodgkins lymphoma • Multiple myeloma and malignant plasma cell neoplasms • Myelodysplastic syndromes • Non- Hodgkins lymphoma • Waldenstrom's macroglobulinaemia • Other (please specify)	• Deep Vein Thrombosis (DVT) • Pulmonary Embolism (PE) • Other (please specify)	• Acute Coronary Syndrome (ACS) • Stable Angina (SA) • Revascularisation Procedure (CABG or PCTA) • Other (please specify) • Unknown	• Ischaemic • Haemorrhagic • Not Known	• Mother • Father • Sister • Brother • Identical Twin • Maternal Grandmother • Paternal Grandmother • Grandmother (Side unknown) • Maternal Grandfather • Paternal Grandfather • Grandfather (Side unknown) • Other (please specify) • Unknown
		Solid Tumour	• Malignant neoplasm of adrenal gland • Malignant neoplasm of anus and anal canal • Malignant neoplasm of bladder • Malignant neoplasm of bone and articular cartilage of limbs • Malignant neoplasm of brain • Malignant neoplasm of breast				

			• Malignant neoplasm of bronchus and lung • Malignant neoplasm of oral cavity or tonsil • Malignant neoplasm of cervix uteri • Malignant neoplasm of colon • Malignant neoplasm of gallbladder • Malignant neoplasm of kidney • Malignant neoplasm of larynx • Malignant neoplasm of liver • Malignant neoplasm of oesophagus • Malignant neoplasm of ovary • Malignant neoplasm of pancreas • Malignant neoplasm of prostate • Malignant neoplasm of rectum • Malignant melanoma of skin • Malignant neoplasm of skin- not melanoma • Malignant neoplasm of small intestine • Malignant neoplasm of stomach • Malignant neoplasm of testis • Malignant neoplasm of thyroid gland • Malignant neoplasm of trachea • Malignant neoplasm of uterus • Malignant neoplasm of vulva • Mesothelioma • Malignant neoplasm- no specification of site • Other (please specify)				

Biochemical Test At Diagnosis - Please give these values from time of diagnosis or as close to diagnosis as possible		
Blood Test	**Result**	**Date of Test**
Alanine Transaminase (ALT) (U/L)		
Aspartate Transaminase (AST) (U/L):		
Alkaline Phosphatase (ALP) (U/L):		
Total Bilirubin Level (μmol/L):		

Haematological Fields at Diagnosis- Please give these value from time of diagnosis or as close to diagnosis as possible		
Blood Test	**Result**	**Date of Test**
Haemaglobin (g/l)		
Neutrophil Count (x10^9/L):		
White Blood Cells (x10^9/L):		
Red Blood Cells (x10^9/L):		
Platelet Count (x10^9/L):		
Mean Platelet Volume (fl)		
Blood Group: ☐ O ☐ AB ☐ A ☐ B ☐ Unknown/Untested	RhD Status: ☐ Positive ☐ Negative ☐ Untested ☐ NA	Date:

Immunological Fields At ITP Diagnosis - Please give these value from time of diagnosis or as close to diagnosis as possible		
Blood Test	**Result**	**Date of Test**
IgG (mg/dl) Ref range: 639-1349		
IgM (mg/dl) Ref range: 56-352		
IgA (mg/dl) Ref range: 70-312		
Anti-Nuclear Antibodies ☐ Positive ☐ Negative ☐ Untested ☐ NA		

Did the participant have an 'Antibody screen' done at the time of diagnosis?

- ☐ Yes
- ☐ No (move to next section)

Antibody screen	Positive	Negative	Untested	NA
DNA Antibody	☐	☐	☐	☐
Anti Ro AB (60)	☐	☐	☐	☐
Anti Ro AB (52)	☐	☐	☐	☐
Anti La Antibody	☐	☐	☐	☐
Anti Sm Antibody	☐	☐	☐	☐
Anti Sm/RNP Antibody	☐	☐	☐	☐
Anti RNP 68 Antibody	☐	☐	☐	☐
Anti Scl-70 Antibody	☐	☐	☐	☐
Anti Jo-1 Antibody	☐	☐	☐	☐
Anti Centromere Ab	☐	☐	☐	☐
Anti Chromatin Ab	☐	☐	☐	☐
Anti Ribosomal P Ab	☐	☐	☐	☐

Antibody Screens Date:

Did the participant have a subsequent/another 'Antibody screen' done?

- ☐ Yes
- ☐ No (move to next section)

Antibody screen	Positive	Negative	Untested	NA
DNA Antibody	☐	☐	☐	☐
Anti Ro AB (60)	☐	☐	☐	☐
Anti Ro AB (52)	☐	☐	☐	☐
Anti La Antibody	☐	☐	☐	☐
Anti Sm Antibody	☐	☐	☐	☐
Anti Sm/RNP Antibody	☐	☐	☐	☐
Anti RNP 68 Antibody	☐	☐	☐	☐
Anti Scl-70 Antibody	☐	☐	☐	☐
Anti Jo-1 Antibody	☐	☐	☐	☐
Anti Centromere Ab	☐	☐	☐	☐
Anti Chromatin Ab	☐	☐	☐	☐
Anti Ribosomal P Ab	☐	☐	☐	☐

Antibody Screens Date:

Coagulation Fields At ITP Diagnosis - Please give these value from time of diagnosis or as close to diagnosis as possible		
Prothrombin Time (PT): **PT Reference Value:** **PT Ratio (INR)** **Date:** **Activated Partial Thromboplastin Time (APTT):** **APTT Ratio:** **Date:**		
Other Tests		
Test	**Value/Result**	**Date**
Reticulocyte Count		
Reticulocyte Percentage		
Lupus Anticoagulant (LA) ☐ Positive ☐ Negative ☐ Untested ☐ NA		
Anticardiolipin Antibody- IgG ☐ Positive ☐ Negative ☐ Untested ☐ NA		
Anticardiolipin Antibody- IgM ☐ Positive ☐ Negative ☐ Untested ☐ NA		
Anti-Beta-2-Glycoprotein 1 Antibodies (IgG) ☐ Positive ☐ Negative ☐ Untested ☐ NA		
Anti-Beta-2-Glycoprotein 1 Antibodies (IgM) ☐ Positive ☐ Negative ☐ Untested ☐ NA		

Full Blood Counts (Hbs, Neutrophils, Plts)		
Test	**Value**	**Date**
Haemoglobin (g/ l) Neutrophils (x109 /L) Platelet Count		