

**UK ITP REGISTRY PREGNANCY REGISTRATION SHEET (2.0)**



**Participant Name:**

**Date of Data Collection:**

**Registry Identification Code (RIC):**

<b>Participant Details</b>			
<b>Date of Birth:</b>		<b>Date consented for Pregnancy Registry:</b>	
<b>Estimated Delivery Date:</b>		<b>Diagnosis Date (if during pregnancy):</b>	
<p><b>Ethnicity:</b></p> <p><b>White</b></p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any other White background</p> <p><b>Mixed/Multiple ethnic groups</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed/Multiple ethnic background</p> <p><b>Asian/Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p> <p><b>Black/ African/Caribbean/Black British</b></p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black/African/Caribbean background</p> <p><b>Other ethnic group</b></p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group</p>			
<b>Clinician Information</b>			
	<b>Haematologist's Details</b>	<b>Obstetrician's Details</b>	<b>Maternity Unit</b>
Name			
Hospital			
Town/ City			
<b>Obstetric History</b>			
<p><b>Is this the first pregnancy registered on the UK ITP Registry?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>			
<b>No. of previous pregnancies beyond 24 weeks gestation?</b>		<b>No. of previous pregnancies less than 24 weeks gestation?</b>	

