

UK ITP REGISTRY GENERAL PRACTITIONER DATA COLLECTION SHEET (1.2)

Blood Product Transfusion				
Blood Product	Dose	No. of consecutive days transfusion given	Date of Transfusion	
Red Blood Cells	Units			
Platelets	Units			
Fresh Frozen Plasma	Units			
Cryoprecipitate	Units			
Other ITP-related treatments				
Treatment	Dose	How long was this treatment given for? (days)	Date of Treatment	
Protein A Immunoadsorption				
H.pylori Treatment				
Vitamin C Supplements				
Plasmapheresis				
Trial Treatments				
Name of trial	Dose	How long was this treatment given for? (days)	Date of Treatment	
Co-Therapies				
Type of Co-therapy	Name of Treatment	Course	Start Date	End date
Anti-lipid		One off		Leave blank if still on drug
Anti-hypertensive		Continuous		
Anti-coagulant		Unknown		
Thrombolysis				
Anti-fibrinolytic				

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Co-morbidities				
Co-morbidity		Date of co-morbidity diagnosis		
Family History				
Family History of Cancer?		Site of cancer	Relationship to participant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				
Family History of Ischaemic Heart Disease?		Type of Ischaemic Heart Disease	Relationship to participant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Stable Angina <input type="checkbox"/> Acute Coronary Syndrome or Myocardial Infarction <input type="checkbox"/> Percutaneous Intervention <input type="checkbox"/> CABG <input type="checkbox"/> Other		
Family History of Stroke?		Type of Stroke?	Relationship to participant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		<input type="checkbox"/> Ischaemic <input type="checkbox"/> Haemorrhagic <input type="checkbox"/> Not Known		
Family History of ITP?			Relationship to participant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				
Family History of Autoimmune Disease?		Autoimmune Disease	Relationship to participant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				

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Immunological Fields- 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)		
Anti-Nuclear Antibodies <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Tested <input type="checkbox"/> Unknown whether test was done		
Coagulation Fields- Please give these value from time of diagnosis or as close to diagnosis as possible		
Test	Result	Date
Prothrombin Time (PT)		
Activated Partial Thromboplastin Time (APTT)		
Reticulocyte Percentage		
Lupus Anticoagulant (LA)		
Anticardiolipin Antibody- IgG		
Anticardiolipin Antibody- IgM		
Bone Marrow Biopsy and DAT test results		
Did they have this test?	Conclusion	Date of Test
Bone Marrow Aspirate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Result consistent with ITP <input type="checkbox"/> Results inconsistent with ITP <input type="checkbox"/> Results inconclusive <input type="checkbox"/> Test not done <input type="checkbox"/> Information not available	
Trephine Biopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Result consistent with ITP <input type="checkbox"/> Results inconsistent with ITP <input type="checkbox"/> Results inconclusive <input type="checkbox"/> Test not done <input type="checkbox"/> Information not available	
Direct Agglutination Test (DAT)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> NA	
Indium Scanning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Pure Splenic Sequestrations <input type="checkbox"/> Predominant Splenic Sequestrations <input type="checkbox"/> Mixed sequestrations <input type="checkbox"/> Hepatic Sequestrations <input type="checkbox"/> Inconclusive results <input type="checkbox"/> Not stated	

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