

UK ITP REGISTRY PREGNANCY REGISTRATION SHEET (1.1)



Participant Name:

Date of Data Collection:

Registry Identification Code (RIC):

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

