UKITP INITAL INFORMATION SHEET (2.4)

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Barts and The London School of Medicine and Dentistry

Initial Information Sheet at Registration
UK Adult Immune Thrombocytopenic Purpura (ITP) Registry

Patient Information:

Surname		**Date of Birth**	
Forename(s)		**Gender**	
Registration Date on UKITP Registry		**Ethnicity**	
NHS Number			

Address	**At registration**	**At diagnosis (if available)**
Address Line 1		
Address Line 2		
City/Town		
Post Code		

Haematologist and GP Information:

	At registration	**At diagnosis (if different)**
Consultant Name		
Department		
Hospital/Centre Name		
Address Line 1		
Address Line 2		
City/Town		
Post Code		
Telephone/Fax	/	/

	At registration
GP's name	
GP's practice name	
Address Line 1	
Address Line 2	
City/Town	
Post Code	
Telephone/Fax	/

Information about ITP diagnosis, referral and follow up.

ITP diagnosis Date

When was the last ITP-related clinic visit for this patient?

Was the patient referred to your centre for ITP care? Yes No

Speciality of referrer _____

Address of referrer _____

_____

_____

Anthropometric measurements and lifestyle

Patient Weight (Time of Diagnosis) _____ **kg**

Height _____ **cm**

BMI _____ **Date** _____

	Type	Amount	Date
Tobacco Use			
Alcohol Consumption			

Bleeding Events

Location	Occurrence		Severity	Date
Cutaneous Bleeds	Yes	No		
Bleeds from the Oral Cavity	Yes	No		
Epistaxis	Yes	No		
Uterine Bleeds	Yes	No		
Haematuria	Yes	No		
Gastrointestinal Bleeds	Yes	No		
Intracranial Haemorrhage	Yes	No		
Muscle Bleeds	Yes	No		
Joint Bleeds	Yes	No		
Subconjunctival Bleeds	Yes	No		
Retinal Bleeds	Yes	No		

ITP-related Treatments

Treatment	Administered		Dose (maximum)	Course	Date(s)
Prednisolone	Yes	No			
IVIg	Yes	No			
Splenectomy	Yes	No			
laparoscopic or open technique (select)					
Anti-D	Yes	No			
Methylprednisolone	Yes	No			
Dexamethasone	Yes	No			
Danazol	Yes	No			
Dapsone	Yes	No			
Azathioprine	Yes	No			
Cyclophosphamide	Yes	No			
Vinca Alkaloids	Yes	No			

Mycophenolate	**Yes**	**No**			
Eltrombopag	**Yes**	**No**			
Romiplostim	**Yes**	**No**			
Plasmapheresis	**Yes**	**No**			
Protein A Immunoadsortion	**Yes**	**No**			
Interferon	**Yes**	**No**			
Cyclosporine	**Yes**	**No**			
Rituximab	**Yes**	**No**			
Platelet Transfusion	**Yes**	**No**			
Red Blood Cell Transfusion	**Yes**	**No**			
Other blood product transfusion	**Yes**	**No**			
H. pylori Treatment	**Yes**	**No**			
Vitamin C Supplements	**Yes**	**No**			
Other	**Yes**	**No**			

Co-therapies			**Date started**	**Or Date First Record Available**
Anti-lipid therapy	**Yes**	**No**		
Antihypertensive therapy	**Yes**	**No**		

			Drug name	**Dose**	**Course**	**Date**
Anticoagulation therapy	**Yes**	**No**				
Thrombolysis therapy	**Yes**	**No**				
Antifibrinolytic therapy	**Yes**	**No**				

Co-Morbid Conditions at presentation

Condition	**Occurrence**		**Diagnosis Date**	
Cataracts	**Yes**	**No**		
Osteoarthritis	**Yes**	**No**		
Type I Diabetes	**Yes**	**No**		
Type II Diabetes	**Yes**	**No**		
Hypertension	**Yes**	**No**		
Peptic Ulcers	**Yes**	**No**		
H. pylori Infection	**Yes**	**No**		
Renal Failure or Impairment	**Yes**	**No**		
Chronic Liver Disease	**Yes**	**No**		
Hypercholesterolemia	**Yes**	**No**		
Myocardial Infarction	**Yes**	**No**		
Unstable Angina	**Yes**	**No**		
Revascularisation procedure	**Yes**	**No**		
Sudden Cardiac Death	**Yes**	**No**		
Ischaemic Stroke	**Yes**	**No**		
Transient Ischaemic Attack	**Yes**	**No**		
Deep Vein Thrombosis	**Yes**	**No**		
Pulmonary Embolism	**Yes**	**No**		

Splenomegaly	**Yes**	**No**		
Thyroid Disease	**Yes**	**No**		
Depression/Anxiety	**Yes**	**No**		
Miscarriage	**Yes**	**No**		
Cushing's Syndrome	**Yes**	**No**		
Candida Infection	**Yes**	**No**		
Pneumonia	**Yes**	**No**		
Other Autoimmune Disease	**Yes**	**No**		**Type**
Haematological Malignancy	**Yes**	**No**		**Type/Site**
Solid Tumour/Malignancy	**Yes**	**No**		**Site**
Photoxicity	**Yes**	**No**		

Family history

Cancer	**Yes**	**No**	**Site:**			
Ischemic Heart Disease	**Yes**	**No**	**Type:**			
Stroke	**Yes**	**No**	**Ischaemic**	**or**	**Haemorrhagic**	**or** **Not Known**
ITP	**Yes**	**No**				
Other autoimmune disease			**Yes**	**No**	**Type:**	
Any other relevant family history			**Yes**	**No**	**Specify**	

Biochemical Fields (Levels at Diagnosis)

	Level	**Date**
Alanine Transaminase (ALT)		
Aspartate Transaminase (AST)		
Alkaline Phosphatase (ALP)		
Bilirubin		

Haematological Fields (Levels at Diagnosis)

Platelet	**Count**		**Date**		**Count**		**Date**	
Haemoglobin	**Count**		**Date**		**Count**		**Date**	

White Blood Cells (Level at Diagnosis) **Count** _____ **Date** _____

Neutrophils **Count** _____ **Date** _____

Red Blood Cells (Level at Diagnosis) _____ **Date** _____

Mean Platelet Volume (MPV) [Volume at Diagnosis] _____ **Date** _____

Blood Group (A, B, AB or O; Rh Positive/Negative) _____

Marrow Aspirate **Yes** **No** **Conclusion** _____ **Date** _____

Trephine Biopsy **Yes** **No** **Conclusion** _____ **Date** _____

Direct Agglutination Test (DAT) (Level at Diagnosis) _____

Immunological Fields (Levels at Diagnosis)

Immunoglobulin		**Date**
IgG		
IgM		
IgA		
Anti-Nuclear Antibodies		

Coagulatory Fields (Levels at Diagnosis)

	Level	**Date**
Prothrombin Time (PT)		
Activated Partial Prothrombin Time (APPT)		
Lupus Anticoagulant (LA)		
Anticardiolipin Antibody (aCl)		
Reticulocyte Percentage		

Miscellaneous

Indium Scanning **t80%/t30 minute spleen/liver ratio** _____ **Date** _____

Other			**Comments/notes**