

## Additional information

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**Any other complications in this patient?**

**Additional comments**

**What next?**

When complete, please send to Dr Drew Provan using the enclosed label, along with 10ml EDTA blood (5ml for children). First class mail is fine (no need to post on ice). Many thanks for your help with this Registry.

## Evans' Syndrome Registry

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**Clinical Proforma**

## Clinical details

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Sample date  Referring clinician

Hospital/Trust

Pat. No. (e.g. PAS)  DOB

Sex  Ethnic Group

Date of presentation

Age at onset of Evans'

P/H autoimmune disease

F/H autoimmune disease

Any preceding infection?

Main symptoms at diagnosis

## Investigations

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Blood group  Reticulocytes  LDH

Initial Hb  Platelets

First line treatment

Response Hb  Platelets

Second line treatment

Response Hb  Platelets

Third line treatment

Response Hb  Platelets

Did the patient undergo splenectomy?

Response Hb  Platelets

Latest count  Hb  Platelets

General treatment comments