Barts and The London
School of Medicine and Dentistry

Barts Health NHS Trust
The Royal London Hospital
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Centre for Haematology
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Follow Up/Update Information Sheet
UK Adult Immune Thrombocytopenic Purpura (ITP) Registry

Patient Information:

Patient Identification Number

Surname _____

Forename(s) _____ **Date of Birth** _____

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

Haematologist and GP Information (current):

	Haematologist	**General Practitioner**
Clinician name		
Hospital/Centre/Practice Name		
Address Line 1		
Address Line 2		
City/Town		
Post Code		
Telephone/Fax	/	/

Information about ITP diagnosis, referral and follow up.

Initial ITP diagnosis Date

Date of last ITP-related clinic visit _____

Has the ITP diagnosis changed? **Yes** **No**

If yes, what is the actual diagnosis? _____

Speciality of healthcare practitioner who made this revised diagnosis? _____

Lifestyle Information:

	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					

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 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				
Other	Yes	No				

Haematological Fields								
Platelet	**Count**		**Date**		**Count**		**Date**	
Haemoglobin	**Count**		**Date**		**Count**		**Date**	
Neutrophils	**Count**		**Date**		**Count**		**Date**	
Marrow Aspirate	**Yes**	**No**	**Conclusion**				**Date**	
Trephine Biopsy	**Yes**	**No**	**Conclusion**				**Date**	
Miscelaneous								
Indium Scanning	**t80%/t30 minute spleen/liver ratio**					**Date**		

Other			**Comments/notes**