**Hematologic Disease Database Case Report Form**

**For platelet disorders only**

**BASELINE DATA**

**GENERAL DATA**

Patient ID Number (text-###) Dropdown choices: PBC-###; IDC-###; JCJ-###; PRM-###; FZM-###; CD-###

Last Name (text)

First name (text)

Middle Initial (text)

Gender (text)

Date of Birth (number pre-specified format)

Address (text)

Civil Status (text)

Occupation (text)

Date of Entry (number pre-specified format)

**CLINICAL DATA**

Date of Visit (number pre-specified format)

Diagnosis (dropdown based on ICD-10 blood cancer diseases)

D69.3 IDIOPATHIC THROMBOCYTOPENIC PURPURA

Others pls specify (text)

Chief complaint (text)

Constitutional symptoms (dropdown may have multiple choices)

Fever

Bleeding

Other symptoms (text)

Family History of Cancer (Y/N)

Relationship to patient & Specify cancer (text)

\*\*\*\*Dynamic option to add some more, if there are more than 1 relative with cancer

Other Disease in the Family (text)

Comorbidities (text)

Concomitant medications (Y/N)

Generic Name

Dose

Frequency

\*\*\*Dynamic option to add

Smoking history (Y/N)

Specify (text)

Alcohol Intake History (Y/N)

Specify (text)

Chemical exposure (Y/N)

Specify (text)

Physical Exam

Height (###) cm

Weight (###) kg

Presence of Splenomegaly (Y/N)

Specify Measurement (text)

Skin (text)

Other findings

**LABORATORY PROFILE**

Date of blood collection

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |
| White blood cells (x10 ^9/L) (###) |  |
| Neutrophils (%) (###) |  |
| Lymphocytes (%) (###) |  |
| Monocytes (%) (###) |  |
| Eosinophils (%) (###) |  |
| Basophils (%) (###) |  |
| Platelet count (x 10^9/L) (###) |  |

\*\*\*Option to view in summarized tabular format

Blood Chemistry

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not done |
| Creatinine (mg/dl) (###) |  |  |
| Uric acid (###) |  |  |
| Na (###) |  |  |
| K (###/###/###) |  |  |
| SGOT (U/L) (###) |  |  |
| SGPT (U/L) (###) |  |  |
| LDH (###) |  |  |
| ANA titer (####) |  |  |
| Hepatitis C RNA (####) |  |  |

Imaging Studies: dropdown choices (Y/Not done/not applicable)

Result: (text)

Bone Marrow Aspirate and Biopsy result: dropdown choices (Y/N)

Date performed (number pre-specified format)

Description: (text)

Attach Scanned document:

Upper GI endoscopy: dropdown choices (Y/N)

Date performed (number pre-specified format)

Description: (text)

H. pylori: (Positive/Negative)

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**FORM OF ITP (dropdown)**

Primary ITP

Secondary ITP

**TREATMENT**

Mode of treatment (dropdown)

Pharmacologic 1st line

Pharmacologic 2nd line

Supportive

Both Pharmacologic and Supportive

Watch and Wait

Others (splenectomy, etc.)

Regimen/Protocol (text)

Date Started (number pre-specified format)

Complications (text)

**PHASE OF THE DISEASE (dropdown)**

Newly Diagnosed ITP (within 3 months from diagnosis)

Persistent ITP (between 3-12 months from diagnosis. Includes patients not reaching spontaneous remission or not maintaining complete response off therapy)

Chronic ITP (lasting for more than 12 months)

Severe ITP (presence of bleeding symptoms at presentation sufficient to mandate treatment, or occurrence of new bleeding symptoms requiring additional therapeutic intervention with a different platelet-enhancing agent or an increased dose)

**FOLLOW-UP DATA**

Date of Entry (pre-specified format of date)

Date of visit (pre-specified format of date)

Medical Events

Did the patient stop or start a new concomitant medications for other disease? Y/N

Specify: (text)

Did the patient undergo any procedure or intervention? Y/N

Specify: (text)

Where there any treatment complications? Y/N

Specify: (text) \*\*\*Dynamic option to add if there are more than 1 treatment complications

**Clinical Data**

Current Symptoms (text)

Current Physical Exam

Weight (kg): number

Pertinent Findings (Y/None)

\*\*\*Dynamic option to add if there are more than 1 physical exam findings

**Laboratory profile**

Date of blood collection (number pre-specified format)

Hematology

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Hemoglobin (g/L) (###) |  |  |
| Hematocrit (%) (###) |  |  |
| White blood cells (x10 ^9/L) (###) |  |  |
| Neutrophils (%) (###) |  |  |
| Lymphocytes (%) (###) |  |  |
| Monocytes (%) (###) |  |  |
| Eosinophils (%) (###) |  |  |
| Basophils (%) (###) |  |  |
| Platelet count (x 10^9/L) (###) |  |  |

Imaging Studies (Y/Not done/not applicable)

Result: (text)

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**QUALITY OF RESPONSE (dropdown)**

CR (Complete Remission): platelet count > 100 x 109/L and absence of bleeding

R (Remission): platelet count > 30 x 109/L and at least 2-fold increase the baseline count and absence of bleeding

Time to Response: time from starting treatment to time of achievement of CR or R (text)

NR ( No Remission): platelet count <30 x 109/L or less than 2-fold increase the baseline count or bleeding

Loss of CR or R: platelet count below 100 x 109/L or bleeding (from CR) or platelet count <30 x 109/L or less than 2-fold increase the baseline count or bleeding (from R)

Refractory ITP: Failure to achieve at least R or loss of R after splenectomy

Stable Disease

Dead

Others (pls Specify)

Special Notes (text)