**Hematologic Disease Database Case Report Form**

**For Coagualtion disease/Hemophilias 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)

|  |
| --- |
| D66 Hemophilia A |
| D67 Hemophilia B  Others pls specify (text) |

Severity (dropdown choices)

Low

Moderate

Severe

Not applicable

Chief complaint (text)

Other symptoms (text)

Family History of Bleeding Diathesis(Y/N)

Relationship to patient

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

Other Disease in the Family (text)

Comorbidities (text)

Concomitant medications (Y/N)

Generic Name

Dose

Frequency

\*\*\*Dynamic option to add more medications

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 Hemarthroses (Y/N)

Presence of contractures and muscle atrophy (Y/N)

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) (###) |  |

\*\*\*Pls put option to view in summarized tabular format.

Coagulation Testing

|  |  |  |
| --- | --- | --- |
| Laboratory Parameter | Result | Not Done |
| Factor VIII level (###) |  |  |
| Factor IX level (###) |  |  |
| Inhibitor Assay (####) |  |  |
| Bethesda Units (####) |  |  |

Blood Chemistry

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

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

Result: (text)

**TREATMENT**

Mode of treatment (dropdown)

Factor Concentrates

Blood Component

Others

Specify (Text)

**FOLLOW-UP DATA**

Date of Entry (pre-specified format of date)

Date of visit (pre-specified format of date)

Medical Events

Did the patient self-administered factor concentrates at home from last visit? Y/N

Specify reason (text)

dates of administration: (text)

Dose of factor concentrate:

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

Specify: (text)

Special Notes (Text)