



PVDOMICS STUDY

Thrombophilia History - Form #106

Instructions: This form is used to capture participant's history thrombophilia history and family history if indicated. One form should be completed for each participant. Information should be obtained from medical records, local physician records, and participant interview. It should include any current diagnoses and past pertinent history.

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1. Identification Number

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2. Alphacode

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3. Date of review: mm/dd/yyyy

Provide a response for both personal history and for biological relative(s) who may have a history of the following conditions.

Code the following: 0=No, 1=Yes, confirmed, 2=Yes, suspected, 8=N/A, adopted, 9=Unknown
For Q4-5: Participant Provoked/Unprovoked column, use 1=Provoked, 0=Unprovoked

	<u>Participant History?</u>	<u>Participant Age (in yrs) of First Event?</u>	<u>Participant Provoked*/ Unprovoked</u>	<u>Family History (if known)</u>
4. Deep vein thrombosis (DVT)?	_____	_____	_____	_____
5. Pulmonary embolism (PE)?	_____	_____	_____	_____
6. Myocardial infarction (MI)?	_____	_____	_____	_____
7. Cerebrovascular accident (CVA)?	_____	_____	_____	_____
8. Arterial thrombosis in other site?	_____	_____	_____	_____
9. Were any of the above events while on anticoagulation therapy? (0=No, 1=Yes, 9=Unknown)	_____			

***For Questions 4 and 5 only: Definitions**

PROVOKED

- a) Within the 3 months prior to VTE has patient had surgery, trauma, immobilization for > 3 days, hospitalization for > 3 days for an acute medical illness, presence of central venous catheter OR
- b) Concurrent to VTE has the patient used oral contraceptives or hormone replacement Rx, is pregnant, OR
- c) Had episode of prolonged travel (>4 hrs) within the past 4 weeks

UNPROVOKED - None of the above

Continued on next page

Code the following: 0=No, 1=Yes, confirmed, 2=Yes, suspected, 8=N/A, adopted, 9=Unknown

	Participant History?	Family History (if known)
10. Clotting disorder?	_____	_____
11. Platelet abnormality?	_____	_____
a. Thrombocytosis	_____	_____
b. Thrombocytopenia.....	_____	_____
c. Other.....	_____	_____
12. Chronic hemolytic anemia?	_____	
a. Sickle cell?	_____	
b. Thalassemia?	_____	
c. Other?.....	_____	
13. Myelodysplastic syndrome?	_____	
14. Lymphoma.....	_____	
15. Leukemia.....	_____	

16. Has the participant a prior history of antiplatelet or anticoagulant therapy?
(0=No, 1=Yes, current*, 2=Yes, history only, 3=Both current and previous history) (see appendix for medication examples)

***Note: Report current anticoagulation therapy use on Form 110.**

17. Does or did the participant have an intravenous indwelling catheter?
 0=No 2=Yes, history only
 1=Yes, current 3=Yes, both current and previous history

18. Was an indwelling catheter associated with a DVT or PE? (0=No, 1=Yes, 9=Unknown)

200. Date form completed (mm/dd/yyyy).....

201. Username of person completing/reviewing completeness of this form _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____