

Transfusion Medicine/Hemostasis Clinical Trials Network

HR01: Screening and History
Version: A

SECTION A: GENERAL INFORMATION

A1. Subject ID

SECTION B: MEDICAL HISTORY

- B1. Did the subject have a +Heparin/PF4 ELISA drawn between 01/21/2008 and 09/25/2008?
 Yes
 No
- B2. Is the medical record available for the admission during which the +Heparin/PF4 ELISA was obtained?
 Yes
 No
- B3. History of venous thrombosis prior to this admission (at any point in time)?
 Yes
 No (Go to B4)
 Not in record (Go to B4)

If yes, please specify the type of venous thrombosis. Check all that apply.

- a. Was it DVT of arm or leg?
- b. Was it PE?
- c. Was it CVAD (central venous access device) thrombosis?
- d. Was it CNS venous sinus?
- e. Was it Intra-abdominal venous thrombosis?
- f. Was it another type of venous thrombosis (specify type)?
- f1. If another type of venous thrombosis, specify the type.
- B4. History of arterial thrombosis prior to this admission?
 Yes
 No (Go to B5)
 Not in record (Go to B5)

If yes, please specify the type of arterial thrombosis. Check all that apply.

- a. Was it MI?
- b. Was it CVA?
- c. Was it arterial thrombosis of limb?
- d. Was it another type of arterial thrombosis (specify type)?
- d1. If another type of arterial thrombosis, specify the type.
- B5. History of HIT or HIT-T prior to admission?
 Yes
 No
 Not in record
- B6. Heparin exposure in the 90 days prior to this hospital admission (only if available in chart)?
 Yes
 No (Go to B7)
 Not in record (Go to B7)
- a. What type was it?
 Fragmin
 Lovenox
 Innohep
 Unfractionated Heparin

- Arixtra
- Not in record

b. Date of exposure? (MM/DD/YYYY)

- B7. History of active (present within the past 6 months) cancer excluding non-melanoma skin cancer?
- Yes
 - No (Go to B8)
 - Not in record (Go to B8)

- a. What type was it?
- Hematologic
 - Non-hematologic
 - Not in record

Was it treated with (please select all that apply):

b1. Hormonal Therapy

b2. Chemotherapy

b3. Radiation Therapy

b4. Surgery

b5. Other

If other, specify

- B8. History of estrogen-containing hormonal contraception or replacement therapy use within the last three months?
- Yes
 - No
 - Not in record

- B9. Hospital admission within 60 days prior to this admission?
- Yes
 - No
 - Not in record

a. If yes, date of most recent admission (excluding this admission) (MM/DD/YYYY)

DONE



Transfusion Medicine/Hemostasis Clinical Trials Network CRF Guide (QxQ Information)



Report Date: Wednesday, June 09, 2010 2:37:20 PM

Form HR01, Version A

#	Question	Help Text/QxQ
A1	Subject ID	Please provide the subject's ID number. Must match ID in header.
B1	+Heparin/PF4 ELISA	Please indicate if the subject has a +Heparin/PF4 ELISA drawn between 01/21/2008 and 09/25/2008. Codes: 1 = Yes 2 = No
B2	Medical Record Available	Please indicate if the subject's medical record is available for the admission during which the +Heparin/PF4 ELISA was obtained. Codes: 1 = Yes 2 = No Special Values: -4 = IL:K -9 = MI:O
B3	History of venous thrombosis prior to this admission	Please indicate if the subject has a history of venous thrombosis prior to this admission (at any point in time). Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B3a	DVT of arm or leg	Please indicate if the venous thrombosis prior to this admission was DVT of arm or leg. At least one of B3a-B3f must be checked. Codes: 1 = Checked 2 = Not Checked Special Values: -4 = IL:K -9 = MI:O
B3b	PE	Please indicate if the venous thrombosis prior to this admission was PE. At least one of B3a-B3f must be checked. Codes: 1 = Checked 2 = Not Checked Special Values: -4 = IL:K -9 = MI:O
B3c	CVAD thrombosis	Please indicate if the venous thrombosis prior to this admission was CVAD (central venous access device) thrombosis. At least one of B3a-B3f must be checked. Codes: 1 = Checked 2 = Not Checked Special Values: -4 = IL:K -9 = MI:O
B3d	CNS venous sinus	Please indicate if the venous thrombosis prior to this admission was CNS venous sinus. At least one of B3a-B3f must be checked. Codes: 1 = Checked 2 = Not Checked

		<p>Special Values: -4 = IL:K -9 = MI:O</p>
B3e	Intra-abdominal venous thrombosis	<p>Please indicate if the venous thrombosis prior to this admission was Intra-abdominal venous thrombosis. At least one of B3a-B3f must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B3f	Other type	<p>Please indicate if the venous thrombosis prior to this admission was another type of venous thrombosis. At least one of B3a-B3f must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B3f1	If other, specify	<p>If the venous thrombosis was another type than those previously listed, please specify the type.</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4	History of arterial thrombosis prior to this admission	<p>Please indicate if the subject has a history of arterial thrombosis prior to this admission?</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4a	MI	<p>Please indicate if the arterial thrombosis prior to this admission was MI. At least one of B4a-B4d must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4b	CVA	<p>Please indicate if the arterial thrombosis prior to this admission was CVA. At least one of B4a-B4d must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4c	Arterial thrombosis of limb	<p>Please indicate if the arterial thrombosis prior to this admission was arterial thrombosis of limb. At least one of B4a-B4d must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4d	Other type	<p>Please indicate if the arterial thrombosis prior to this admission was another type of arterial thrombosis (specify type). At least one of B4a-B4d must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>

B4d1	If other, specify	If the arterial thrombosis was another type than those previously listed, please specify the type. Special Values: -4 = IL:K -9 = MI:O
B5	History of HIT or HIT-T prior to admission	Please indicate if the subject has a history of HIT or HIT-T prior to admission. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B6	Heparin exposure	Please indicate if the subject was exposed to heparin in the 90 days prior to this hospital admission (only if available in chart). Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B6a	What type was it	Please indicate the type of heparin exposure the subject experienced. Must be Fragmin, Lovenox, Innohep, Unfractionated Heparin, or Arixtra. Codes: 1 = Fragmin 2 = Lovenox 3 = Innohep 4 = Unfractionated Heparin 5 = Arixtra -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B6b	Date of exposure	Please provide the date of the heparin exposure. Must be in MM/DD/YYYY format. Special Values: 04/04/0404 = IL:K 09/09/0909 = MI:O
B7	History of active cancer	Please indicate if the subject has a history of active (present within the past 6 months) cancer excluding non-melanoma skin cancer? Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B7a	What type was it	Please indicate the type of active cancer the subject had. Must be hematologic or non-hematologic. Codes: 1 = Hematologic 2 = Non-hematologic -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B7b1	Hormonal Therapy	Please indicate if the cancer treatment was hormonal therapy. At least one of B7b1-B7b5 must be checked. Codes: 1 = Checked 2 = Not Checked Special Values: -1 = NN:K -4 = IL:K -9 = MI:O
B7b2	Chemotherapy	Please indicate if the cancer treatment was chemotherapy. At least one of B7b1-B7b5 must

		<p>be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -1 = NN:K -4 = IL:K -9 = MI:O</p>
B7b3	Radiation Therapy	<p>Please indicate if the cancer treatment was radiation therapy. At least one of B7b1-B7b5 must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -1 = NN:K -4 = IL:K -9 = MI:O</p>
B7b4	Surgery	<p>Please indicate if the cancer treatment was surgery. At least one of B7b1-B7b5 must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -1 = NN:K -4 = IL:K -9 = MI:O</p>
B7b5	Other	<p>Please indicate if the cancer treatment was other than those previously listed. At least one of B7b1-B7b5 must be checked.</p> <p>Codes: 1 = Checked 2 = Not Checked</p> <p>Special Values: -1 = NN:K -4 = IL:K -9 = MI:O</p>
B7b5a	Specify Other	<p>Please specify the other type of cancer treatment.</p> <p>Special Values: -1 = NN:K -4 = IL:K -9 = MI:O</p>
B8	Estrogen	<p>Please indicate if the subject has a history or estrogen-containing hormonal contraception or replacement therapy use within the last three months?</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B9	Hospital admission	<p>Please indicate if the subject was admitted to a hospital within 60 days prior to this admission.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B9a	Most recent admission date	<p>Please provide the date of the most recent admission (excluding this admission).</p> <p>Special Values: 04/04/0404 = IL:K 09/09/0909 = MI:O</p>

Transfusion Medicine/Hemostasis Clinical Trials Network

HR02: Data for This Admission
Version: A

Temporary
Save

Save Reload

SECTION A: GENERAL INFORMATION

A1. Subject ID

SECTION B: ADMISSION DATA

B1. Admission date for this admission (MM/DD/YYYY)

B2. Discharge date for this admission (MM/DD/YYYY)

B3. Age (in years) at date of Heparin/PF4 ELISA draw (Day 0) years

a. Age in months if < 3 years old months

B4. Gender Male Female

B5. Weight at Day 0 (or weight taken closest to Day 0) kilograms

B6. Height at Day 0 (or height taken closest to Day 0) centimeters

B7. Ethnic Origin Hispanic/Latino
 Not Hispanic/Latino
 Not in record

B8. Race (answer all questions)	
a.	American Indian or Alaska Native <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
b.	Asian <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
c.	Black or African American <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
d.	Native Hawaiian or Other Pacific Islander <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
e.	White <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
f.	Other <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not in record
f1.	Specify Other Race <input style="width: 200px;" type="text"/>

B9. Reason for this hospitalization

a. Specify other reason for hospitalization

B10. Was the subject enrolled in the HOT Study? Yes No

B11. Positive Heparin/PF4 ELISA

Date Drawn (MM/DD/YYYY)	Time Drawn (HH:MM) 24-hour clock	Date Result Returned (MM/DD/YYYY)	OD Value of Positive Result	OD Value of Assay Cut-Off	Brand Name of Assay Used
<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input type="radio"/> GTI <input type="radio"/> Diagnostica Stago <input type="radio"/> Other <input type="radio"/> Not in record If other, specify: <input style="width: 150px;" type="text"/>

B12. Documented thrombosis **prior** to Heparin/PF4 ELISA being drawn for this admission (Day -28 to Day 0)? Yes No Not in record

Please select the type of thrombosis prior to when the Heparin/PF4 ELISA was drawn. Radiographic confirmation is **required** for **highlighted types** (all type of thrombosis except for MI, Retinal Artery, Retinal Vein Thrombosis, and Superficial Venous Thrombosis).

Thrombosis Type	Radiographical Confirmation	Limb	Location	Side	Date (MM/DD/YYYY)
<input style="width: 150px;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Not in record	<input type="radio"/> Proximal <input type="radio"/> Distal <input type="radio"/> Not in record	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input style="width: 60px;" type="text"/>
If other, specify: <input style="width: 150px;" type="text"/>					

B13. Documented thrombosis during this admission, **after** Heparin/PF4 ELISA was drawn (up to Day 45 or discharge). Yes No Not in record

Please select the type of thrombosis after the Heparin/PF4 ELISA was drawn. Radiographic confirmation is **required** for

highlighted types (all type of thrombosis except for MI, Retinal Artery, Retinal Vein Thrombosis, and Superficial Venous Thrombosis).

Thrombosis Type	Radiographical Confirmation	Limb	Location	Side	Date (MM/DD/YYYY)
<input type="text"/> If other, specify: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Not in record	<input type="radio"/> Proximal <input type="radio"/> Distal <input type="radio"/> Not in record	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input type="text"/>

B14. Was there any other obvious cause of thrombocytopenia on Day 0? Yes No Not in record

Other obvious cause of thrombocytopenia on Day 0	Date (MM/DD/YYYY)
<input type="text"/> If other, specify: <input type="text"/>	<input type="text"/>

B15. Was a screening (i.e. done in the absence of clinical symptoms) ultrasound study of **upper** extremity (limbs) performed within 72 hours after the positive Heparin/PF4 ELISA was drawn? Yes No Not in record

a. Was a clot present? Yes No Not in record

Location	Side	Date Found (MM/DD/YYYY)
<input type="radio"/> Proximal <input type="radio"/> Distal <input type="radio"/> Not in record	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input type="text"/>

B16. Was a screening (i.e. done in the absence of clinical symptoms) ultrasound study of **lower** extremity (limbs) performed within 72 hours after the positive Heparin/PF4 ELISA was drawn? Yes No Not in record

a. Was a clot present? Yes No Not in record

Location	Side	Date Found (MM/DD/YYYY)
<input type="radio"/> Proximal <input type="radio"/> Distal <input type="radio"/> Not in record	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input type="text"/>

B17. History of use of central venous or arterial access devices during this admission? Yes No Not in record

Type of central venous or arterial access device used	Location of device	Limb for device	Insertion Date (MM/DD/YYYY)	Removal Date (MM/DD/YYYY)
<input type="text"/> If other, specify: <input type="text"/>	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Not in record	<input type="text"/>	<input type="text"/>

B18. History of surgical procedure on this admission prior to Day 0? Yes No Not in record

Type of surgical procedure	Date (MM/DD/YYYY)
<input type="text"/> If other, specify: <input type="text"/>	<input type="text"/>

B19. History of medical procedure on this admission prior to Day 0? Yes No Not in record

Type of medical procedure	Date (MM/DD/YYYY)
<input type="radio"/> Chemotherapy	<input type="text"/>

- Invasive Cardiac Intervention
- Other (specify)

If other, specify:

B20. History of limb gangrene for this admission (Day 0 or later).

- Yes
- No
- Not in record

Date (MM/DD/YYYY)	Limb	Side
<input type="text"/>	<input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Not in record	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record

B21. Any bleeding events on or after Day 0 for this admission.

- Yes
- No
- Not in record

Type of bleeding event	Date (MM/DD/YYYY)	Time (HH:MM) 24-hour clock
<input type="text"/>	<input type="text"/>	<input type="text"/>
If other, specify: <input type="text"/>		

B22. Has the subject died (through Day 45 or discharge), whichever comes first?

- Yes
- No
- Not in record

a. Date of subject death

DONE



**Transfusion Medicine/Hemostasis
Clinical Trials Network
CRF Guide (QxQ Information)**



Report Date: Wednesday, June 09, 2010 2:45:24 PM

Form HR02, Version A

#	Question	Help Text/QxQ
A1	Subject ID	Please provide the subject's ID number. Must match ID in header.
B1	Admission date for this admission	Please provide the admission date for this admission. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B2	Discharge date for this admission	Please provide the discharge date for this admission. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B3	Age at date of Heparin/PF4 ELISA draw (Day 0)	Please provide the subject's age (in years) at the date the Heparin/PF4 ELISA was drawn (Day 0). If the subject is less than one year old, please enter "0." Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B3a	Age in months if <3 years	Please provide the subject's age in months if they were less than 3 years old at the date of the Heparin/PF4 ELISA draw. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B4	Gender	Please provide the subject's gender. Codes: 1 = Male 2 = Female Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B5	Weight at Day 0	Please provide the subject's weight at (or weight taken closest to) Day 0. Kilograms = pounds X 0.4536. Expected range is between 5.0 kg and 200.0 kg. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B6	Height at Day 0	Please provide the subject's height at (or height taken closest to) Day 0. Centimeter = inch X 2.54. Expected range is between 40.0 cm and 214.0 cm. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B7	Ethnic Origin	Please indicate if the subject's ethnic origin was Hispanic or not. Codes: 1 = Hispanic/Latino 2 = Not Hispanic/Latino -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B8a	American Indian or Alaska Native	Please indicate if the subject's race was American Indian or Alaska Native. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B8b	Asian	Please indicate if the subject's race was Asian. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B8c	Black or African American	Please indicate if the subject's race was Black or African American. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B8d	Native Hawaiian or Other Pacific Islander	Please indicate if the subject's race was Native Hawaiian or Other Pacific Islander. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B8e	White	Please indicate if the subject's race was White. Codes: 1 = Yes 2 = No -1 = Not in record

		<p>Special Values: -4 = IL:K -9 = MI:O</p>
B8f	Other	<p>Please indicate if the subject's race was one other than those previously listed.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B8f1	Specify Other Race	<p>This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B9	Reason for this hospitalization	<p>Please select the reason for this hospitalization.</p> <p>Codes: 1 = Cancer-related 2 = Infection (e.g. pneumonia, urinary tract infection) 3 = Interventional cardiac procedure 4 = New MI/Unstable Angina 5 = New stroke/TIA 6 = Psychiatric treatment 7 = Surgery 8 = Other (specify) -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B9a	If other, specify	<p>Please provide the other reason for this hospitalization.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B10	Subject enrolled in HOT Study	<p>Please indicate if the subject was enrolled in the HOT Study.</p> <p>Codes: 1 = Yes 2 = No</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B11a	Date drawn	<p>Please provide the date the positive Heparin/PF4 ELISA was drawn. Must be between 01/21/2008 and 09/25/2008. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B11b	Time drawn	<p>Please provide the time the positive Heparin/PF4 ELISA was drawn. Must be in HH:MM format.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B11c	Date result returned	<p>Please provide the date the positive Heparin/PF4 ELISA was returned. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B11d	OD value of subject's positive result	<p>Please provide the OD value of the subject's positive result. Expected range: 0.000 to 9.999.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B11e	OD value of assay cut-off for this subject's positive test	<p>Please provide the OD value of the assay cut-off used for this subject's positive test. Expected range: 0.000 to 9.999.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B11f	Brand name of assay used	<p>Please indicate the brand name of the assay used for the subject's positive Heparin PF-4 ELISA test.</p> <p>Codes: 1 = GTI 2 = Diagnostica Stago 3 = Other -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B11f1	Other	<p>Please provide the brand name of the assay used for the subject's positive Heparin PF-4 ELISA test.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B12	Thrombosis prior to Heparin/PF4 ELISA	<p>Please indicate if the subject has documented thrombosis prior to Heparin/PF4 ELISA being drawn for this admission (Day -28 to Day 0). If a test required radiographical confirmation (highlighted in red), but it was not done, then do <u>not</u> record.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B12a	Type of thrombosis	<p>Please select the type of thrombosis prior to the Heparin/PF4 ELISA being drawn.</p> <p>Codes: 1 = Abdominal Vasculature 2 = Aortic Clot 3 = Arterial Thrombosis 4 = Calf Vein Thrombosis 5 = Central Venous Catheter Thrombosis 6 = Cerebral Vascular Accident/Stroke</p>

		<p>7 = CNS Venous Thrombosis 8 = Deep Venous Thrombosis 9 = Intra-abdominal Clot 10 = Intracardiac Clot 11 = MI 12 = Peripheral Arterial Thrombosis 13 = Pulmonary Embolism 14 = Retinal Artery 15 = Retinal Vein Thrombosis 16 = Superficial Venous Thrombosis 17 = Other (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B12a1	If other, specify	<p>Please specify the other type of thrombosis prior to the PF-4 antibody being drawn. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B12b	Radiographical confirmation	<p>Please indicate if there is radiographical confirmation for this thrombosis.</p> <p>Codes: 1 = Yes 2 = No</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B12c	Limb	<p>Please indicate the limb associated with this thrombosis.</p> <p>Codes: 1 = Upper 2 = Lower -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B12d	Location	<p>Please indicate the location of this thrombosis.</p> <p>Codes: 1 = Proximal 2 = Distal -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B12e	Side	<p>Please indicate the side of this thrombosis.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B12f	Date of thrombosis	<p>Please provide the date of this thrombosis. Must be Day -28 to Day 0. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B13	Thrombosis after Heparin/PF4 ELISA	<p>Please indicate if the subject had documented thrombosis during this admission, after the Heparin/PF4 ELISA was drawn (up to Day 45 or discharge). If a test required radiographical confirmation (highlighted in red), but it was not done, then do <u>not</u> record.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B13a	Type of thrombosis	<p>Please select the type of thrombosis after the Heparin/PF4 ELISA was drawn.</p> <p>Codes: 1 = Abdominal Vasculature 2 = Aortic Clot 3 = Arterial Thrombosis 4 = Calf Vein Thrombosis 5 = Central Venous Catheter Thrombosis 6 = Cerebral Vascular Accident/Stroke 7 = CNS Venous Thrombosis 8 = Deep Venous Thrombosis 9 = Intra-abdominal Clot 10 = Intracardiac Clot 11 = MI 12 = Peripheral Arterial Thrombosis 13 = Pulmonary Embolism 14 = Retinal Artery 15 = Retinal Vein Thrombosis 16 = Superficial Venous Thrombosis 17 = Other (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B13a1	If other, specify	<p>Please specify the other type of thrombosis after the Heparin/PF4 ELISA was drawn. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B13b	Radiographical confirmation	<p>Please indicate if there is radiographical confirmation for this type of thrombosis.</p> <p>Codes: 1 = Yes 2 = No</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B13c	Limb	<p>Please indicate the limb associated with this thrombosis.</p> <p>Codes:</p>

		<p>1 = Upper 2 = Lower -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B13d	Location	<p>Please indicate the location of this thrombosis.</p> <p>Codes: 1 = Proximal 2 = Distal -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B13e	Side	<p>Please indicate the side of this thrombosis.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B13f	Date of thrombosis	<p>Please provide the date of this thrombosis. Must be Day 1 to Day 45 (or discharge). Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B14	Obvious cause of thrombocytopenia	<p>Please indicate if there was any other obvious cause of thrombocytopenia on Day 0.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B14a	What cause	<p>Please select the other obvious cause of thrombocytopenia on Day 0.</p> <p>Codes: 1 = Cardiovascular procedure within the past 5 days 2 = Chemotherapy 3 = DIC 4 = Drug induced thrombocytopenia 5 = Infection 6 = Radiation therapy 7 = Other (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B14a1	Other	<p>Please specify the other cause of thrombocytopenia on Day 0.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B14b	Other cause date	<p>Please provide the date of any other obvious cause of thrombocytopenia up to Day 0. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B15	Screening ultrasound study of upper extremity	<p>Please indicate if a screening (i.e. done in the absence of clinical symptoms) ultrasound study of the upper extremity (limbs) was performed within 72 hours after the positive Heparin/PF4 ELISA was drawn.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B15a	Clot present	<p>Please indicate if a clot was present.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B15b	Location	<p>Please indicate the location of the clot.</p> <p>Codes: 1 = Proximal 2 = Distal -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B15c	Side	<p>Please indicate the side of the clot.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B15d	Date clot found	<p>Please provide the date the clot was found. Must be within 72 hours after positive PF-4 test drawn. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B16	Screening ultrasound study of lower extremity	<p>Please indicate if a screening (i.e. done in the absence of clinical symptoms) ultrasound study of the lower extremity (limbs) was performed within 72 hours after the positive Heparin/PF4 ELISA was drawn.</p>

		<p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B16a	Clot present	<p>Please indicate if a clot was present.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B16b	Location	<p>Please indicate the location of the clot.</p> <p>Codes: 1 = Proximal 2 = Distal -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B16c	Side	<p>Please indicate the side of the clot.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B16d	Date clot found	<p>Please provide the date the clot was found. Must be within 72 hours after positive PF-4 test was drawn. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B17	History of devices	<p>Please indicate if the subject has a history of use of central venous or arterial access devices during this admission?</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B17a	Type of device	<p>Please indicate the type of central venous or arterial access device used during this admission.</p> <p>Codes: 1 = Arterial Line 2 = CVAD 3 = Dialysis Catheter 4 = Intra-aortic Balloon Pump 5 = PICC Line 6 = Pulmonary Artery Line 7 = Other Central Line (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B17a1	Other	<p>Please specify the other type of central venous or arterial access device used during this admission. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B17b	Location of device	<p>Please indicate the location of the device used.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B17c	Limb for device	<p>Please indicate the limb the device was used on.</p> <p>Codes: 1 = Upper 2 = Lower -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B17d	Insert date	<p>Please provide the date the device was inserted. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B17e	Removal date	<p>Please provide the date that the device was removed. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B18	Surgical procedure	<p>Please indicate if the subject has a history of a surgical procedure for this admission prior to Day 0.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B18a	Type of surgical procedure	<p>Please indicate the type of surgical procedure the subject had on this admission prior to Day 0.</p>

		<p>Codes: 1 = Abdominal 2 = Cardiothoracic 3 = Gynecological 4 = Orthopedic 5 = Other (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B18a1	Other	<p>Please specify the other surgical procedure. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B18b	Date of surgical procedure	<p>Please provide the date of the surgical procedure. Must be between the admission date and Day 0. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B19	Medical procedure	<p>Please indicate if the subject has a history of a medical procedure for this admission prior to Day 0.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B19a	Type of medical procedure	<p>Please indicate the type of medical procedure the subject had on this admission prior to Day 0.</p> <p>Codes: 1 = Chemotherapy 2 = Invasive Cardiac Intervention 3 = Other (specify)</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B19a1	Other	<p>Please specify the other type of medical procedure. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B19b	Date of medical procedure	<p>Please provide the date of the medical procedure. Must be between the admission date and Day 0. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B20	History of limb gangrene	<p>Please indicate if the subject had a history of limb gangrene for this admission (Day 0 or later).</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B20a	Date of limb gangrene	<p>Please provide the date of this limb gangrene. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B20b	Limb of limb gangrene	<p>Please indicate the limb of the limb gangrene for this admission.</p> <p>Codes: 1 = Upper 2 = Lower -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B20c	Side of limb gangrene	<p>Please indicate the side of the limb gangrene for this admission.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B21	Bleeding events	<p>Please indicate if the subject had any bleeding events on or after Day 0 for this admission.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B21a	Type of bleeding event	<p>Please select the type of bleeding event the subject had on or after Day 0 for this admission.</p> <p>Codes: 1 = Drop in hemoglobin by >=2 grams 2 = Frank bleeding at surgical or procedure site 3 = Gross hematuria 4 = Gross hemoptysis 5 = Intracranial bleed radiographically confirmed 6 = Line related bleeding 7 = Melena, hematemesis, or hematochezia 8 = Other (specify)</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B21a1	Other	<p>Please specify the other type of bleeding event on or after Day 0 for this admission. This field cannot be left blank, nor may it contain only numbers.</p> <p>Special Values:</p>

		-1 = NR:K -4 = IL:K -9 = MI:O
B21b	Date of bleeding event	Please provide the date of the bleeding event. Must be on or after Day 0. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B21c	Time of bleeding event	Please provide the time of the bleeding event. Please use a 24 hour clock to record the time. Must be in HH:MM format. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B22	Has the subject died	Please indicate if the subject has died (through Day 45 or discharge), whichever comes first. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B22a	Date of subject death	Please provide the date of the subject's death. Must be through Day 45 or discharge. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O

OK **Back**

Transfusion Medicine/Hemostasis Clinical Trials Network

HR03: Platelet Counts
Version: A

Temporary
Save

Save Reload

SECTION A: GENERAL INFORMATION

A1. Subject ID

SECTION B: PLATELET COUNTS

Baseline platelet count (highest platelet count in record for current hospitalization prior to Day 0. Does not have to be the first count of the day).

B1. Baseline Platelet Count	B1a. Date (MM/DD/YYYY)	B1b. Time (HH:MM) 24-hour clock	B1c. Value (10 ³ /μl)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nadir platelet count (lowest platelet count within +/- 5 days of Day 0. Does not have to be the first count of the day).

B2. Nadir Platelet Count	B2a. Date (MM/DD/YYYY)	B2b. Time (HH:MM) 24-hour clock	B2c. Value (10 ³ /μl)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daily platelet counts for this admission (if multiple on same day, only first count of day). Capture daily until discharge or Day 45 post Heparin/PF4 ELISA draw, whichever comes first.

B3. Daily Platelet Counts	B3a. Date (MM/DD/YYYY)	B3b. Time (HH:MM) 24-hour clock	B3c. Value (10 ³ /μl)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

DONE



**Transfusion Medicine/Hemostasis
Clinical Trials Network
CRF Guide (QxQ Information)**



Report Date: Wednesday, June 09, 2010 2:45:52 PM

Form HR03, Version A

#	Question	Help Text/QxQ
A1	Subject ID	Please provide the subject's ID number. Must match ID in header.
B1a	Date of count	Baseline Platelet count (highest platelet count in record for current hospitalization prior to Day 0. Does not have to be the first count of the day. Please provide the date of the Baseline Platelet count. Must be between the admission date and Day 0. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B1b	Time of count	Please provide the time of the Baseline Platelet count. Must be in HH:MM format. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B1c	Value	Please provide the Baseline Platelet count. This should be the highest platelet count in record for the current hospitalization prior to Day 1. It does not have to be the first count of the day. Must be between 0 and 9999. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B2a	Date of count	Nadir Platelet count (lowest platelet count within +/- 5 days of Day 0. Does not have to be the first count of the day). Please provide the date of the Nadir Platelet count. Must be within +/- 5 days of Day 0. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B2b	Time of count	Please provide the time of the Nadir Platelet count. Must be in HH:MM format. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B2c	Value	Please provide the Nadir Platelet count (lowest platelet count within +/- 5 days of Day 0. Does not have to be the first count of the day). Must be between 0 and 9999. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B3a	Date of count	Daily platelet counts for this admission (if multiple on same day, only first count of the day). Capture daily until discharge or Day 45 post PF-4 draw, whichever comes first. Please provide the date of the Daily Platelet counts for this admission (if multiple counts on the same day, only provide the first count of the day). Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B3b	Time of count	Please provide the time of the Daily Platelet counts. Must be in HH:MM format. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B3c	Value	Please provide the value of the Daily Platelet counts. Must be between 0 and 9999. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O

OK Back

Transfusion Medicine/Hemostasis Clinical Trials Network

HR04: Medications and Interventions
Version: A

SECTION A: GENERAL INFORMATION

A1. Subject ID

SECTION B: MEDICATIONS AND INTERVENTIONS

B1. Was the subject exposed to heparin during this admission (UFH or LMWH) prior to Day 0? LMWH includes Fragmin (dalteparin), Lovenox (enoxaparin), and Innohep (Tinzaparin).

- Yes
 No (Go to B2)
 Not in record (Go to B2)

Type of Exposure	Indications for UFH or LMWH	Start Date of Exposure (MM/DD/YYYY)	Stop Date of Exposure (MM/DD/YYYY)
<input type="radio"/> UFH <input type="radio"/> Lovenox <input type="radio"/> Fragmin <input type="radio"/> Innohep	<input type="text"/> If other, specify: <input type="text"/>	<input type="text"/>	<input type="text"/>

B2. Did the subject receive any of the following anti-coagulant medications after the Heparin/PF4 ELISA was drawn (Day 0 to Day 45 or discharge)?

- Yes
 No (Go to B3)
 Not in record (Go to B3)

Anti-Coagulant Medication	Start Date (MM/DD/YYYY)	Stop Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

B3. Was the subject discharged home on any anti-coagulant medication(s)?

- Yes
 No (Go to B4)
 Not in record (Go to B4)

Please select the anti-coagulant medication(s) the subject was discharged home on. Please check all that apply.

1. Aggrenox
2. Aspirin
3. Fondaparinux (Arixtra)

4. LMWH (Fragmin/Dalteparin, Lovenox/Enoxaparin, Innohep/Tinzaparin)

5. Dipyridamole (Persantine)

6. Clopidogrel (Plavix)

7. Warfarin (Coumadin)

8. Other (specify)

If other, specify

B4. Transfusion given after Heparin/PF4 ELISA drawn (Day 0 to Day 45 or discharge)?

- Yes
 No (Go to B5)
 Not in record (Go to B5)

Type of Transfusion	Date of Transfusion (MM/DD/YYYY)	Number of Units Transfused
<input type="text"/>	<input type="text"/>	<input type="text"/>

B5. Limb amputation performed (Day 0 through Day 45, or discharge)

- Yes
 No
 Not in record

Type of Amputation	Side of Amputation	Date of Amputation (MM/DD/YYYY) <i>Must be between Day 0 and Day 45</i>	Time of Amputation (HH:MM) <i>24-hour clock</i>
<input type="radio"/> Hand or part of hand <input type="radio"/> Foot or part of foot <input type="radio"/> Arm <input type="radio"/> Leg	<input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Not in record	<input type="text"/>	<input type="text"/>

DONE



**Transfusion Medicine/Hemostasis
Clinical Trials Network
CRF Guide (QxQ Information)**



Report Date: Wednesday, June 09, 2010 2:46:10 PM

Form HR04, Version A

#	Question	Help Text/QxQ
A1	Subject ID	Please provide the subject's ID number. Must match ID in header.
B1	Exposed to heparin during this admission	Please indicate if the subject was exposed to heparin during this admission (UFH or LMWH) prior to Day 0. LMWH includes Fragmin (dalteparin), Lovenox (enoxaparin), and Innohep (Tinzaparin). Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B1a	Type of heparin exposure	Please indicate the type of heparin exposure. Codes: 1 = UFH 2 = Lovenox 3 = Fragmin 4 = Innohep Special Values: -4 = IL:K -9 = MI:O -1 = NR:K
B1b	Indications for UFH or LMWH	Please select the indication for the UFH or LMWH for this admission. Codes: 1 = Prophylaxis 2 = Treatment of DVT/PE/any other venous clot 3 = Heparin Flush 4 = Procedure/surgery related 5 = Cardiac (MI, intracardiac clot, unstable angina) 6 = CVA, TIA, other neurological event 7 = Other (specify) Special Values: -4 = IL:K -9 = MI:O -1 = NR:K
B1b1	Specify	Please specify the other indication for the subject's exposure to heparin during this admission. Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B1c	Start date of exposure	Please provide the start date of the heparin exposure. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B1d	Stop date of exposure	Please provide the stop date of the heparin exposure. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B2	Anti-coagulant medications after Heparin/PF4 ELISA	Please indicate if the subject took any of the following anti-coagulant medications after the Heparin/PF4 ELISA was drawn (Day 0 to Day 45 or discharge): Abciximab, Argatroban, Bivalirudin, Eptifibatide, Fondaparinux, Lepirudin, LMWH (Lovenox, Fragmin, Tinzaparin), Tirofiban, Unfractionated Heparin, Warfarin. Codes: 1 = Yes 2 = No -1 = Not in record Special Values: -4 = IL:K -9 = MI:O
B2a	Medication	Select the medication that the subject received after their Heparin/PF4 ELISA was drawn (Day 0 to Day 45 or discharge). Codes: 1 = Abciximab (ReoPro) 2 = Argatroban 3 = Bivalirudin (Angiomax) 4 = Eptifibatide (Integrilin) 5 = Fondaparinux (Arixtra) 6 = Lepirudin (Refudan, Hirudin) 7 = LMWH (Fragmin/Dalteparin, Lovenox/Enoxaparin, Innohep/Tinzaparin) 8 = Tirofiban (Aggrastat) 9 = Unfractionated Heparin 10 = Warfarin (Coumadin) Special Values: -1 = NR:K -4 = IL:K -9 = MI:O
B2b	Start Date	Please record the date the subject began taking the medication. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B2c	Stop Date	Please record the date the subject stopped taking the medication. Must be in MM/DD/YYYY format. Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O
B3	Discharged home on any anti-coagulant medication(s)	Please indicate if the subject was discharged home on any anti-coagulant medication(s). Codes: 1 = Yes 2 = No -1 = Not in record

		<p>Special Values: -4 = IL:K -9 = MI:O</p>
B3a1	Aggrenox	<p>Please indicate if the subject was discharged home on Aggrenox.</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a2	Aspirin	<p>Please indicate if the subject was discharged home on Aspirin.</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a3	Fondaparinux (Arixtra)	<p>Please indicate if the subject was discharged home on Fondaparinux (Arixtra).</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a4	LMWH (Lovenox Fragmin, Innohep)	<p>Please indicate if the subject was discharged home on LMWH (Fragmin/Dalteparin, Lovenox/Enoxaparin, Innohep/Tinzaparin).</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a5	Dipyridamole (Persantine)	<p>Please indicate if the subject was discharged home on Dipyridamole (Persantine).</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a6	Clopidogrel (Plavix)	<p>Please indicate if the subject was discharged home on Clopidogrel (Plavix).</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a7	Warfarin (Coumadin)	<p>Please indicate if the subject was discharged home on Warfarin (Coumadin).</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3a8	Other (specify)	<p>Please indicate if the subject was discharged home on another anti-coagulant medication.</p> <p>Codes: 1 = Checked 2 = Not checked</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B3b	Specify	<p>Please specify the other type of anti-coagulant medication the subject was discharged home on.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B4	Transfusion given after Heparin/PF4 ELISA test drawn	<p>Please indicate if a transfusion was given to the subject after the Heparin/PF4 ELISA was drawn (Day 0 to Day 45 or discharge).</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B4a	Type of transfusion	<p>Please select the type of transfusion the subject was given after the Heparin/PF4 ELISA was drawn.</p> <p>Codes: 1 = Platelets 2 = RBCs 3 = FFP 4 = Cryoprecipitate</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B4b	Date of transfusion	<p>Please provide the date of the transfusion the subject was given after the Heparin/PF4 ELISA was drawn. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B4c	Number of units	<p>Please provide the number of units transfused to the subject.</p>

		<p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B5	Limb amputation performed	<p>Please indicate if the subject had a limb amputation performed.</p> <p>Codes: 1 = Yes 2 = No -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B5a	Type of limb amputation	<p>Please select the type of amputation the subject had performed.</p> <p>Codes: 1 = Hand or part of hand 2 = Foot or part of foot 3 = Arm 4 = Leg</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>
B5b	Side of limb amputation	<p>Please indicate the side the limb was amputated from.</p> <p>Codes: 1 = Right 2 = Left -1 = Not in record</p> <p>Special Values: -4 = IL:K -9 = MI:O</p>
B5c	Date of amputation	<p>Please provide the date the subject's limb amputation was performed. Must be between Day 0 and Day 45. Must be in MM/DD/YYYY format.</p> <p>Special Values: 01/01/0101 = NR:K 04/04/0404 = IL:K 09/09/0909 = MI:O</p>
B5d	Time of amputation	<p>Please provide the time the subject's limb amputation was performed. Must be in HH:MM format.</p> <p>Special Values: -1 = NR:K -4 = IL:K -9 = MI:O</p>

OK **Back**