SUBJECT ID _____

USE OF HIGH PURITY PRODUCTS AFTER 1987 IN MHCS HEMOPHILIACS- Form No. 17

This form should be completed on all US hemophiliacs who 1) visited your clinic after January 1987, 2) required factor VIII or IX replacement therapy at that time, and 3) did not have an inhibitor.

FOR ALL PATIENTS

1. What is the date this patient was last seen at your clinic? |__|__| |__|__| |__|__|
   MONTH DAY YEAR

2. Where/how are the factor concentrates for this patient currently obtained? (Circle all that apply)

   a. Non-hospital home care company
   b. Hospital home care company
   c. Hospital pharmacy
   d. State program
   e. Consortium
   f. Clinical trial
   g. Other (specify) _____

3. What type of product is this patient currently being treated with? (Circle one)

   a. Affinity purified factor VIII
   b. Recombinant factor VIII
   c. Affinity purified factor IX
   d. Recombinant factor IX (clinical trial)
   e. None of the above (Skip to Q.5 for Hemophilia A or Q.9 for Hemophilia B)

4. What is the charge per unit to the patient for the above product? _____
   (Regardless of who actually pays, e.g. insurance) (? = Don't Know)

FOR HEMOPHILIA A PATIENTS ONLY

5. If this patient is currently being treated, or was treated in the past for <u>at least 3 months</u>, either prophylactically or on-demand with **affinity purified** F-VIII product, enter the Date of <u>First Use</u>. Affinity purified products include Monoclate, Alphanate, Hemophil-M, Method-M, and Melate SD.

   |__|__| |__|__| Check box if patient never
   MONTH YEAR used affinity purified products |__|

6. If this patient is currently being treated, or was treated in the past for <u>at least 3 months</u>, either prophylactically or on-demand with **recombinant** F-VIII product, enter the Date of <u>First Use</u>. Recombinant products include Bioclate, Helixate, Kogenate, Recombinate, and Pharmacia SQ-VIII.

   |__|__| |__|__| Check box if patient never used
   MONTH YEAR recombinant products and Skip to Q.8 |__|

7. What factors influenced the decision to place this patient on **recombinant** F-VIII product? (Circle all that apply)

a. Patient requested product
b. Patient's HIV/CD4/AIDS status
c. Patient not previously transfused (PUP)
d. Patient enrolled in clinical trial of product
e. Insurance reimbursement
f. Home care company recommendation
g. Decreased risk of transfusion-associated infection
h. Other (specify) _____

8. What factors influenced the decision to **NOT** place this patient on **recombinant** F-VIII? (Circle all that apply)

a. Patient decision
b. Fear of inhibitor development
c. Satisfaction with another product
d. Cost/Insurance
e. Product not available
f. Diminished/lack of efficacy
g. None of the above

FOR HEMOPHILIA B PATIENTS ONLY

9. If this patient is currently being treated or was treated in the past for <u>at least 3 months</u>, eithe prophylactically or on-demand, with **affinity purified** F-IX product, enter the Date of <u>First Use</u>. Affinity purified products include Alphanine and Mononine.

|__|__| MONTH |__|__| YEAR Check box if patient never used above products and Skip to Q.11 |__|

10. What factors influenced the decision to place this patient on **affinity purified** F-IX? (Circle all that apply)

a. Patient requested product
b. Decreased risk of thrombosis
c. Patient's HIV/CD4/AIDS status
d. Patient not previously transfused
e. Home care company recommendation
f. Only product available
g. Insurance reimbursement
h. Decreased risk of infection
i. Other (specify) _____

11. What factors influenced the decision to **NOT** place this patient on **affinity purified** F-IX? (Circle all that apply)

a. Patient decision
b. Cost/Insurance
c. Satisfaction with another product
d. Product not available
e. Diminshed/lack of efficacy
f. None of the above