CENTRE ID |__|__| PATIENT INITIALS |__|__|
PEDIGREE ID NUMBER |__|__||__| PATIENT ID NUMBER |__|__|__|__|__|__|

CONFIDENTIAL PATIENT INFORMATION

1. **Date information Collected:** |__|__| / |__|__| / |__|__|

2. **Center:** |__|__|

3. **Patient's Name:** _____
Last Name *First Name* *Initial*

Address: _____

_____

_____

Telephone: _____
Area Code

Hospital ID Number: _____

4. **Family Physician:** _____
Last Name *First Name* *Initial*

Address: _____

_____

_____

Telephone: _____
Area Code

5. **Date of Baseline Assessment:** |__|__| / |__|__| / |__|__|
yy mm dd

6. **Gender:** ☐ Male ☐ Female

7. **Date of Birth:** |__|__| / |__|__| / |__|__|
yy mm dd

8. **Height (objective measurement):** |__|__|__| Meters

9. **Weight (objective measurement):** |__|__|__| Kilograms

10. Ethnic origin:

- ☐ Asian/Pacific Islander
- ☐ African
- ☐ Latin American
- ☐ Northern European
- ☐ Southern European
- ☐ Aboriginal
- ☐ Middle Eastern
- ☐ Other (describe)_____

12. Smoking behaviour (cigarettes)

Current use:

None	☐
Daily < 10 cig./day	☐
Heavy > 11 cig./day	☐

Lifetime use:

Max. # of cig./day	|__|__|__|
Duration of smoking (yrs)	|__|__|__|

13. Number of previous episodes of venous thromboembolism: |__|__|

14. Age at first venous thromboembolism: |__|__|

15. Number of previous episodes of idiopathic venous thromboembolism: |__|__|

16. Surgery within last 6 months: Yes ☐ No ☐

17. Cancer within last 6 months: Yes ☐ No ☐

18. Immobilized by illness for ≥ 3 days within the last 6 months: Yes ☐ No ☐

19. Immobilization by plaster cast or splint for ≥ 3 days within the last 6 months:

Yes ☐ No ☐

20. Family History (1st degree relatives) of objectively documented venous thromboembolism:

Yes ☐ No ☐

MEDICATION AFFECTING HAEMOSTATIC OR LIPID-RELATED TRAITS

1. Was the patient taking any of the following types of medication(s) on a regular basis in the year prior to the study?

NO	YES		
☐	☐	Antiplatelet agent:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Hormonal replacement:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Oral contraceptives:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Anticoagulants:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Lipid-lowering agent:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Diabetic treatment:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Hypertensive treatment:	*If YES, Specify generic name, dose, duration:* _____
☐	☐	Nicotine treatment:	*If YES, Specify generic name, dose, duration:* _____

MEDICAL CONDITION(S)

1. Does the patient have a history of:

		Onset
Hypertension:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Diabetes:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Hyperlipidemia:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Cancer:	Yes ☐ No ☐	|__|__| / |__|__| mm yy

If yes, type:_____

Coronary Artery Disease:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Peipheral Vascular Disease:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Venous Thrombosis:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Stroke:	Yes ☐ No ☐	|__|__| / |__|__| mm yy
Previous MI	Yes ☐ No ☐	|__|__| / |__|__| mm yy

VENOUS THROMBOSIS HISTORY

1. Patient has had DVT: Yes ☐ No ☐

Diagnosed by:

Ultrasonography ☐ Venography ☐

2. **Patient has had PE:** Yes ☐ No ☐

Diagnosed by:

Ventilation / Perfusion Lung Scan ☐ Pulmonary Angiography ☐ Spiral CT ☐

3. **Most recent DVT/PE was idiopathic:** Yes ☐ No ☐

Most recent DVT/PE was due to transient risk factor: Yes ☐ No ☐

Most recent DVT/PE was due to cancer: Yes ☐ No ☐

HYPERCOAGULABLE BLOOD WORK-UP

1. **APRC Level:**

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** ☐ **Yes** ☐ ☐ Not Done

2. **APTT:**

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__ |__|__| seconds

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** ☐ **Yes** ☐ ☐ Not Done

3. **FV**

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** ☐ **Yes** ☐ ☐ Not Done

4. **FVII**

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** ☐ **Yes** ☐ ☐ Not Done

5. FVIII

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

6. FIX

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

7. FX

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

8. FXII

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

9. Fibrinogen

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

10. PAI-1

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

11. PT(INR)

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__|

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** **Yes**
☐ ☐ ☐ Not Done

12. TF

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** **Yes**
☐ ☐ ☐ Not Done

13. TFPI (LACI)

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** **Yes**
☐ ☐ ☐ Not Done

14. TPA

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal:
Was the abnormality confirmed by repeat testing? **No** **Yes**
☐ ☐ ☐ Not Done

CENTRE ID |__|__| PATIENT INITIALS |__|__|
PEDIGREE ID NUMBER |__|__||__| PATIENT ID NUMBER |__|__|__|__|__|__|

LIPID-RELATED BLOOD WORK-UP

1. ApoB

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

2. HDL

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

3. LDL

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

Is a first degree relative known to have **factor VIII deficiency**? ☐ ☐ ☐ Unknown

4. Total cholesterol

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

5. Triglycerides

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__|.|__|__| U/mL

If Abnormal: **No Yes**
Was the abnormality confirmed by repeat testing? ☐ ☐ ☐ Not Done

6. VLDL

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal:

	No	Yes	
Was the abnormality confirmed by repeat testing?	☐	☐	☐ Not Done

7. Lipoprotein a

☐ Not tested Date tested |__|__| / |__|__| / |__|__| ☐ Normal ☐ Abnormal
yy mm dd Result: |__| . |__|__| U/mL

If Abnormal:

	No	Yes	
Was the abnormality confirmed by repeat testing?	☐	☐	☐ Not Done