Comprehensive Sickle Cell Centers	Medical History Form Part I Transfusion History	Page: {section.pageNumber}
Collaborative Data Project	Date Form Completed: TRAN:COMPDA (DD) / TRAN:COMPMO (MMM) / TRAN:COMPYR (YYYY) Form Completed by: TRAN:COMPINT	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

Did this patient receive a transfusion *in the past year*? ☐ (TRAN:TRANPY) Yes ☐ (TRAN:TRANPY) No ☐ (TRAN:TRANPY) Unknown

If yes, how would you describe this patient's transfusion history *in the past year*?

Number of transfusions: ☐ (TRAN:TRANHX) 1-5 ☐ (TRAN:TRANHX) 6-20 ☐ (TRAN:TRANHX) 21-99 ☐ (TRAN:TRANHX) 100+

Did this patient receive a transfusion *prior to the past year*? ☐ (TRAN:TRANPR) Yes ☐ (TRAN:TRANPR) No ☐ (TRAN:TRANPR) Unknown

If yes, how would you describe this patient's transfusion history *prior to the past year*?

Number of transfusions: ☐ (TRAN:TRANPHX) 1-5 ☐ (TRAN:TRANPHX) 6-20 ☐ (TRAN:TRANPHX) 21-99 ☐ (TRAN:TRANPHX) 100+

Was iron overload *ever* assessed? ☐ (TRAN:IRONOV) Yes ☐ (TRAN:IRONOV) No ☐ (TRAN:IRONOV) Unknown

If yes, enter results of the most recent assessments:

	Yes	No	Unknown	Result	Date
Liver Biopsy:	☐ (TRAN:LIVER)	☐ (TRAN:LIVER)	☐ (TRAN:LIVER)	TRAN:LIVRES mg Fe/g Dry Weight	TRAN:LIVRDA / TRAN:LIVRMO / TRAN:LIVRYR DD MMM YYYY
Ferritin:	☐ (TRAN:FERRIT)	☐ (TRAN:FERRIT)	☐ (TRAN:FERRIT)	TRAN:FERRES µg/L	TRAN:FERRDA / TRAN:FERRMO / TRAN:FERRYR DD MMM YYYY
SQUID:	☐ (TRAN:SQUID)	☐ (TRAN:SQUID)	☐ (TRAN:SQUID)	TRAN:SQUIRES mg Fe/g Dry Weight	TRAN:SQUIDDA / TRAN:SQUIDMO / TRAN:SQUIDYR DD MMM YYYY

Did this patient *ever* receive iron chelation therapy? (i.e., Exjade/Deferasirox)
☐ (TRAN:IRONCH) Yes ☐ (TRAN:IRONCH) No ☐ (TRAN:IRONCH) Unknown

If yes, check all that apply:
☐ (TRAN:ORAL) Desferal ☐ (TRAN:IRONTH) Oral (i.e., Exjade/deferasirox) ☐ (TRAN:UNKNOWN) Unknown

Did this patient receive any transplants *in the past year*? ☐ (TRAN:TRANYR) Yes ☐ (TRAN:TRANYR) No ☐ (TRAN:TRANYR) Unknown

Did this patient receive any transplants *prior to the past year*? ☐ (TRAN:TRANP) Yes ☐ (TRAN:TRANP) No ☐ (TRAN:TRANP) Unknown

If yes to either question, press the "Add" button to record the following information about each transplant:

Date of Transplant: TPLN:TPLANDA / TPLN:TPLANMO / TPLN:TPLANYR

Delete Entry

DD MMM YYYY

Site(s): TPLN:TPLANSP

Type of donor:
☐ (TPLN:DONOR) HOA matched
☐ (TPLN:DONOR) Cord blood
☐ (TPLN:DONOR) Other

Type of transplant:
☐ (TPLN:TYPE) Myeloablative
☐ (TPLN:TYPE) Other

Add Entry

Comments for page:
TRAN:COMTXT

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