

Has this patient received iron chelation therapy during the report period? (AFTR:IRONCH) Yes (AFTR:IRONCH) No (AFTR:IRONCH) Unknown

If yes, check all that apply:

(AFTR:ORAL) Desferal (AFTR:IRONTH) Oral (i.e., Exjade/deferasirox) (AFTR:UNKNOWN) Unknown

Has this patient had RBC antibodies documented during the report period? (AFTR:RBCDOC) Yes (AFTR:RBCDOC) No (AFTR:RBCDOC) Unknown

If yes, check all that were present/positive:

<input type="checkbox"/> (AFTR:LC) c	<input type="checkbox"/> (AFTR:UE) E	<input type="checkbox"/> (AFTR:FYB) Fyb	<input type="checkbox"/> (AFTR:LK) k	<input type="checkbox"/> (AFTR:LEB) Leb	<input type="checkbox"/> (AFTR:COLD) Cold antibody
<input type="checkbox"/> (AFTR:UC) C	<input type="checkbox"/> (AFTR:LE) e	<input type="checkbox"/> (AFTR:JKA) Jka	<input type="checkbox"/> (AFTR:UK) K	<input type="checkbox"/> (AFTR:M) M	<input type="checkbox"/> (AFTR:RBCUNK) Unknown
<input type="checkbox"/> (AFTR:D) D	<input type="checkbox"/> (AFTR:FYA) Fya	<input type="checkbox"/> (AFTR:JKB) Jkb	<input type="checkbox"/> (AFTR:LEA) Lea	<input type="checkbox"/> (AFTR:WARM) Warm autoantibody	<input type="checkbox"/> (AFTR:RBCOTH) Other

Comments for page:

AFTR:COMTXT

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