

Medical Abstraction Form

Subject Study ID#:

1. Date of abstraction:

3. Confirmed enrollment diagnosis:

- Hb SS or sickle cell anemia
 - Hb SC disease
 - Hb S beta0 thalassemia
 - Hb S beta+ thalassemia
 - Hb S hereditary persistence of fetal Hb (S/HPFH)
 - Hb SE
 - Hb SD
 - Hb SO
-

3a. What was the basis for diagnosis?

- Newborn screening
 - Hemoglobin fractionation
 - Hemoglobin electrophoresis
 - DNA sequencing
 - Unknown
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3.b How was diagnosis confirmed?

- Hemoglobin fractionation
- Hemoglobin electrophoresis
- DNA sequencing

4. Approximate age of first diagnosis (physician confirmed):

Newborn screening

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5. Ever tested for alpha-thalassemia?

- Yes - single alpha globin gene deleted
- Yes - two alpha globin genes deleted
- Yes - negative
- No - not evaluated
- Unknown

BASIC MEASUREMENTS

7. Weight (kg)

 (1 decimal place)

Date of weight measurement:

9. Heart rate (BPM)

Date of heart rate measurement

11. Blood Oxygen Saturation Level (SpO2):

Date of blood oxygen measurement: _____

12a. Blood Pressure - Systolic _____

12b. Blood Pressure - Diastolic _____

12c. Patient on anti-hypertensive meds?

- Yes
- No

Date of blood pressure measurement: _____

Medications currently being used at time of visit

	No <input type="radio"/>	Not in record <input type="radio"/>	Yes <input type="radio"/>
17. Iron chelators (eg. desferrioxamine, deferasirox, deferipirone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Statins (eg. atorvastatin, simvastatin, pravastatin, rosuvastatin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Antibiotics (eg. amoxicillin, doxycycline, ciprofloxacin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Oral contraceptives [Women Only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Implantable contraceptives [Women Only]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Anti-hypertensives (eg. ACE inhibitor, calcium channel blocker, beta blocker, diuretic, angiotensin II receptor antagonists (ARBs))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCD COMPLICATIONS Indicate whether the subject has ever had each condition and when it was first diagnosed. Musculoskeletal

43. Avascular necrosis of the hip No Not in record
 Yes

Age at diagnosis? OR BELOW

0 - Birth

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44. Dactylitis

- No
- Not in record
- Yes

Age at diagnosis? OR

0 - Birth

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45. Osteomyelitis

- No
- Not in record
- Yes

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Genitourinary

48. Priapism

- No
- Not in record
- Yes

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Nervous system

49. Stroke (check all that apply)

- No
- Not in record
- Yes

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a. Ischemic

Not in record Yes

Age at diagnosis? OR

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b. Hemorrhagic

Not in record Yes

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c. Transient ischemic attack (TIA)

Not in record Yes

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d. Silent

Not in record Yes

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Cardiovascular

51. Pulmonary arterial hypertension

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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52. Left ventricular dysfunction

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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Respiratory

53. Acute chest syndrome

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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54. Asthma

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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Digestive

55. Gallstones /cholelithiasis, cholecystitis

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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56. Splenomegaly (check all that apply)

- No
- Not in record
- Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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a. Splenic sequestration

Not in record Yes

Age at diagnosis? OR

- 0 - Birth
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b. Splenic infarcts

Not in record Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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c. Hypersplenism

Not in record Yes

Age at diagnosis? OR

- 0 - Birth
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d. Splenectomy

Not in record Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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Other autoimmune/Inflammatory_radio,"

57. Deep vein thrombosis (DVT)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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a. Pulmonary embolism

Not in record Yes

Age at diagnosis? OR

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Select the year when diagnosed:

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b. Venous thromboembolism (VTE)

Not in record Yes

Age at diagnosis? OR

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58. Lupus

- No
- Not in record
- Yes

Age at diagnosis? OR

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59. Rheumatoid arthritis

- No
- Not in record
- Yes

Age at diagnosis? OR

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60. Gout

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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61. Sarcoidosis

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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62. Other autoimmune or inflammatory disorder, please specify: _____

No Not in record
 Yes

Please type the 'Other' disorder here: _____

Age at diagnosis? OR

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Select the year when diagnosed:

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Other Conditions

64. Pneumococcal sepsis (Pulmonary)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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65. Skin ulcers (Integumentary)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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- 2021
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66. Retinopathy (Ocular)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

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67. Diabetes mellitus (other systemic)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

- 2022
- 2021
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68. Iron overload (Other)

- No
- Not in record
- Yes

Age at diagnosis? OR

- 0 - Birth
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Select the year when diagnosed:

- 2022
- 2021
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INSURANCE

What kind of health insurance or health care coverage does the patient have? (Choose all that apply.)

- None Private health insurance plan from employer Medicare
- Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance. TRICARE or other military health care, including VA health care
- Other type of health insurance, specify: _____

If 'Other' type of health insurance, please list:

Year this patient was first seen at MUSC:

- Patient not seen at MUSC
- 2022
- 2021
- 2020
- 2019
- 2018
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Medical History Profile

In the past 12 month, how many times was the patient hospitalized?

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In the past 12 month, how many total days did the patient spend hospitalized?

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In the past 12 month, how many emergency room visits did the patient have?

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In the past 12 month, how many ICU stays did the patient have?

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In the past 12 month, how many transfusions did the patient have?

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In the past 12 month, did the patient have any transfusion reactions?

Yes No

Please check all transfusion reaction symptoms noted in the EMR

Fever Rash Difficulty breathing DHTR Other

If 'Other', please specify

Staff Section

Name of study personnel completing abstraction:
