Association for Haemophilia and Allied Disorder - Asia Pacific (AHAD-AP)[1]

HEMOPHILIA TREATMENT CENTER REGISTRATION FORM

Date: _____

Name of the Centre: _____

Address: _____

E-Mail ID: _____ Phone: _____

Name of Director: _____

E-Mail ID: _____ Phone: _____

Name(s) of the other contact persons

I. _____ E-Mail ID: _____

II. _____ E-Mail ID: _____

1. Total number of patients with a Hereditary Bleeding Disorder registered at the centre: 0 - 9999

2. Total number of patients with a Hereditary Bleeding Disorder on regular annual follow up: 0 - 9999

Bleeding Disorder	Patients Registered[2]	Patients with Annual Follow-Up	Patients with Severe Disease[3]
Hemophilia A			
Hemophilia B			
VWD Type 1			
VWD Type 2			
VWD Type 3			
VWD Type Unknown			
Afibrinogenemia (<10mg/dl)			
Hypofibrinogenemia (50-150mg/dl)			
Dysfibrinogenemia (10-50mg/dl)			
Factor II Deficiency			
Factor V Deficiency			
Factor VII Deficiency			
Factor X Deficiency			
Factor XI Deficiency			
Factor XIII Deficiency			
Combined Factor V + VIII Deficiency			
Combined Factor II + VII + IX + X Deficiency			
Glanzmann's thrombasthenia			
Bernard Soulier Syndrome			
Others			

[1] Adapted from WBDR / WFH (www.bleedingdisorderregistry.org)

[2] On whom there is annual follow up.

[3] As per ISTH-SSC definitions for Hemophilia (J Throm Haemost 2014; 12:1935-39) & RBD (J Thromb Haemost 2012; 10: 1938 -43).