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

MINIMAL DATA FORM (MDF)

Centre ID: _____ **Patient ID:** _____

Demography & Diagnostic Information

Date of First Visit to HTC: _____ Date of Birth: _____ Factor Level: _____ %

Information given by: --Select-- Date of Diagnosis: _____ Diagnosis Type: --Select--

If other specify: _____

Data at Annual Follow up

Please complete the following section at registration into the registry and at each annual visit, for the preceding 12 month period.

Current Body Weight: _____ kg Current Body Height: _____ cm Inhibitor Assay: _____ BU/ml

Inhibitor Screen: --Select-- Assay Method: --Select--

Target Joint: --Select-- If yes, no. of Joints: _____

Number of Bleeds (Past 12 Months)

Joints: _____ Muscles: _____ CNS: _____

Oral: _____ Gastrointestinal: _____ Urinary: _____

Others (Specify): _____

A. Hospital Care: --Select-- Total no. of days: In-Patient: _____ Out-Patient: _____

B. Absence from Education / Work: No. of days: _____

Factor Replacement

Factor Replacement/Blood Product: --Select--

If yes: Type of Replacement: --Select--

Episodic

Episodic: --Select--

Total CFC used (used past 12 months): _____ IU

Administration: --Select--

CFC/blood product	Brand Name/ Products	No. of times	Total units used
CFC			
Recombinant CFC Plasma derived			
CFC (EHL)			
FFP			
Cryoprecipitate			
Platelet			

Prophylaxis

Prophylaxis: --Select-- Duration: _____ weeks (total number of weeks during past 12 months)

Start Date	Stop Date / Onging	Frequency	Dose IU/kg/week	Reason	Administration
		--Select--			--Select--
		--Select--			--Select--
		--Select--			--Select--
		--Select--			--Select--

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