



Biomnis

Clinical Information Form Haemostasis

INTERNATIONAL DIVISION

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PATIENT DETAILS

First name(s): Surname:

Age: years

Date of birth: | | | | | | | |

Gender: M F

Sample date: | | | | | | | |

LABORATORY RESULTS TO BE ATTACHED

- Full blood count (+ platelets)
- PT
- aPTT
- Fibrinogen
- Hb/Ht
- ABO blood group - *please indicate this information for the factor VIII and factor Willebrand:*

TREATMENTS

Anticoagulant treatments in progress: AVK NFH LMWH Arixtra Orgaran
 Pradaxa Xarelto Eliquis Other:

Name of medication:
Dosage regimen/posology:
Date and time of administration/injection :
Sample collection time:
→ **This information is essential if medication is being taken**

Oestrogen + progestin treatment* Yes No

Substitution treatment (factors, DDAVP) Yes No

* as contraception or a hormone replacement therapy

CLINICAL DETAILS AND MEDICAL BACKGROUND

Pre-operative profile Yes No

Thrombotic context

- Personal medical history
- Family history
- DVT (deep-vein thrombosis)/PE (pulmonary embolism)

Haemorrhagic context

- Personal medical history
- Family history

Obstetrical context

- Pregnancy Gestational age: | | | | | | | |
- Miscarriage or foetal loss

Inflammatory or autoimmune context

- Known intercurrent disease (disease, haematological disease etc.):
- Known autoimmune disease: