

# YHHN Data Collection: Myeloproliferative disorder

Please enter data into boxes, and amend any incorrect or missing details:

**Patient Name:**

**HILIS ID:**

**Date of Birth:**

**NHS No:**

**HMDS Number:**

**Report Date:**

**Source:**

**Specimen:**

## Demographics:

|                              |       |                           |  |
|------------------------------|-------|---------------------------|--|
| <b>Gender:</b>               | M / F | <b>Date of diagnosis:</b> |  |
| <b>Address at diagnosis:</b> |       |                           |  |
| <b>GP address:</b>           |       |                           |  |
| <b>1st appointment on:</b>   |       | <b>Palliative date:</b>   |  |
| <b>Date of death:</b>        |       |                           |  |

## Antecedent / concurrent events:

|                   |                                    |
|-------------------|------------------------------------|
| <b>Event:</b>     |                                    |
| <b>Therapies:</b> | chemotherapy / radiotherapy / both |

## Treatment history:

|                    |                  |                  |  |
|--------------------|------------------|------------------|--|
| <b>Centre:</b>     | [name]           |                  |  |
| <b>Treatment:</b>  | [treatment name] |                  |  |
| <b>Trial:</b>      | [trial name]     |                  |  |
| <b>Start date:</b> |                  | <b>End date:</b> |  |
|                    |                  | <b>Response:</b> |  |

## Presentation data:

|                        |         |                       |         |
|------------------------|---------|-----------------------|---------|
| <b>Splenomegaly:</b>   | [Y/N]   | <b>Detection:</b>     |         |
| <b>Hepatomegaly:</b>   | [Y/N]   | <b>Detection:</b>     |         |
| <b>Erythropoietin:</b> | [range] | <b>Red-cell mass:</b> | [range] |

## Comments: