

Patient information	Submitted by
<p>_____</p> <p>Last name First name</p> <p>_____ <input type="checkbox"/> male <input type="checkbox"/> female</p> <p>Date of birth (dd/mm/yyyy)</p> <p>_____</p> <p>Address (Street)</p> <p>_____</p> <p>Zip code city State/country</p>	<p>_____</p> <p>Name</p> <p>Address:</p> <p>_____</p> <p>Signature Date:</p>
Billing address	
Name and address of institution	
<input type="checkbox"/>	Vaccine-induced immune thrombotic thrombocytopenia - 6 ml native-blood (serum)!! - 6 ml EDTA-blood - 6 ml citrate-blood We will perform following tests: Modified HIPA test (PIPA) / HIT Screening test / HIPA test (If an examination is not desired, please specify)

Vaccination	<input type="checkbox"/> AstraZeneca <input type="checkbox"/> BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen-Cilag <input type="checkbox"/> Novavax <input type="checkbox"/> other: Lot number, if known: <input type="checkbox"/> first vaccination <input type="checkbox"/> second vaccination <input type="checkbox"/> booster vaccination Date of vaccination: Onset of symptoms: One or several symptoms after vaccination: <input type="checkbox"/> headache <input type="checkbox"/> fever <input type="checkbox"/> chills <input type="checkbox"/> limb pain <input type="checkbox"/> flu-like symptoms <input type="checkbox"/> discomfort <input type="checkbox"/> others: <input type="checkbox"/> recent or previous COVID-19 infection (PCR test/antibody test/antigen testing)
Thrombosis	<input type="checkbox"/> yes, specify: _____ <input type="checkbox"/> no
Hemorrhage	<input type="checkbox"/> yes, specify: _____ <input type="checkbox"/> no
Drugs BEFORE thrombosis	<input type="checkbox"/> estrogen containing drugs (e.g. Birth control pill) <input type="checkbox"/> NSAIDs <input type="checkbox"/> Heparin (UFH/LWMH)
Anticoagulation	<input type="checkbox"/> i.v. IgG <input type="checkbox"/> UFH/LWMH <input type="checkbox"/> DOAK, specify: _____ <input type="checkbox"/> VKA <input type="checkbox"/> others:
Platelets	Platelet count at admission: Gpt/L Lowest platelet count after admission: Gpt/L Previous thrombocytopenia (yes/no) HIT Screening test, specify: <input type="checkbox"/> positive <input type="checkbox"/> negative

Place/Date/Seal:

Signature: