



SPLENECTOMY REGISTRY

ICIS

Intercontinental Cooperative ITP Study Group

www.itpbasel.ch

Entry
Sheet

Splenectomy is planned, and will be performed on

dd/mm/yy

Please fill out this questionnaire and e-mail or fax it to:

splenectomy@ukbb.ch

University Children's Hospital
ICIS Study Group
Postfach
CH-4031 Basel, Switzerland
FAX: +41 61 704 12 41

UPN:

Study Number:

Physician

Physician's first name

Surname

Institution / Department

Address (Street, P.O. Box)

City

State

ZIP Code

Country

E-mail contact

Telephone

Fax

Patient

Date of birth:

dd/mm/yy

Sex:

M

F

Diagnosis of ITP:

dd/mm/yy

Platelet count at diagnosis:

$\times 10^9/L$

Informed Consent

yes

no

not yet

Thank you for registering your patient. Please contact us if you have questions.

ICIS Team
Basel, Switzerland