



Typing of Hereditary Antithrombin Deficiency

**KLINISCHE BIOLOGIE
DIENST HEMATOLOGIE**

Diensthoofd:
Prof. dr. M. De Waele

HEMATOLOGIE
HEMOSTASE
Prof. dr. K. Jochmans

IMMUNOLOGIE
Prof. dr. M. De Waele
Prof. dr. M. Vercammen

MOLECULAIRE HEMATOLOGIE
VADERSCHAPSONDERZOEK
WEEFSELTYPERING – HLA
Prof. dr. C. Demanet
Dr. sc. M. Bakkus

We thank you for the referral of your antithrombin deficient patients. Due to the growing number of demands for typing of AT deficiency, we try to avoid performing useless tests. Therefore, we would like to ask you to fill in this form. You can return it form together with the samples or mail it to Christelle.Orlando@uzbrussel.be. Thank you for your cooperation.

Identification of the patient

Name

Date of birth

Antithrombin activity measurements

1. date: AT: %

2. date: AT: %

Method:

Clinical Information

First clinical manifestation

- Thrombophlebitis
- DVT
- PE
- Other (please specify)

None

Age.....

Risk factors.....

(immobilisation, oral contraceptives, trauma, pregnancy,...)

UZ BRUSSEL

Laarbeeklaan 101
1090 Brussel
www.uzbrussel.be

AFSPRAKEN EN INLICHTINGEN

Tel: 02 477 50 71
Fax: 02 477 50 63

Recurrence(s)

- Thrombophlebitis
- DVT
- PE
- Other (please specify)

None

Age.....

Risk factors.....

(immobilisation, oral contraceptives, trauma, pregnancy,...)

Thrombophilia screening (if available)

Please provide additional abnormalities in the thrombophilia screening

.....

.....

Familial History

Are there family members with AT deficiency? No

Yes

In case of symptomatic family members, please specify the relationship to the patient, the type of thromboembolic events and names.

.....

.....

.....

Contact person at your institution:

Phone, fax or email: