

2010 SPECIAL HAEMOSTASIS MODULE C (VWF)

Participant No.

INSTRUMENT NAME / MODEL:					
DUE DATE	SAMPLE NUMBER				UNITS
□□/□□	VW10-□□a		VW10-□□b		
VWF:Ag	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:RCo	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:Activity	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:CB	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:RCo / VWF:Ag	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
VWF:Activity / VWF:Ag	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
VWF:CB / VWF:Ag	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□.□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	ratio
FVIII:C	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	□□□	<input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Equivocal	%
VWF:Multimer	Comments		Comments		
INTERPRETATION	NORMAL <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> MILD TYPE 1 <input type="checkbox"/> MODERATE TYPE 1 <input type="checkbox"/> SEVERE TYPE 1 <input type="checkbox"/> TYPE 2 (A, B) <input type="checkbox"/> TYPE 2 M <input type="checkbox"/> TYPE 2 N <input type="checkbox"/> TYPE 3 <input type="checkbox"/> HAEMOPHILIA A <input type="checkbox"/> HAEMOPHILIA A carrier <input type="checkbox"/> OTHER SPECIFY		NORMAL <input type="checkbox"/> EQUIVOCAL <input type="checkbox"/> MILD TYPE 1 <input type="checkbox"/> MODERATE TYPE 1 <input type="checkbox"/> SEVERE TYPE 1 <input type="checkbox"/> TYPE 2 (A, B) <input type="checkbox"/> TYPE 2 M <input type="checkbox"/> TYPE 2 N <input type="checkbox"/> TYPE 3 <input type="checkbox"/> HAEMOPHILIA A <input type="checkbox"/> HAEMOPHILIA A carrier <input type="checkbox"/> OTHER SPECIFY		

IMPORTANT NOTE: Please perform all your usual laboratory tests on BOTH survey samples whether results are normal or abnormal.

DATE RECEIVED: □□ □□ □□

DATE RETURNED: □□ □□ □□