## Notes on the issues

In the present thrombotrac ® questionnaire thrombosis-relevant information is collected for a total of five groups of risk factors. Please answer the questions as accurately as possible.. The more precise information, the more accurate the assessment of your risk is calculated from the specified factors. For questions and information, we are always happy to help.

The fifth group of factors "risk factors in the blood" can be levied by a blood test. It is to congenital risk factors and the essential factors for the direct measurement in blood clot formation. Information to this category highly increases the accuracy of the risk statement. For determining the risk factors in the blood please contact your doctor.

Important Terms

thrombosis Occlusion of a blood vessel by a blood clot

**pulmonary embolism** serious, often life-threatening complication of thrombosis is pressed by a

blood clot that breaks away from the vein wall and enters the blood stream

through the heart into the pulmonary circulation

lupus disease chronic inflammatory autoimmune disease

diabetes mellitus "Diabetes": chronic metabolic disorder that is characterized by elevated

blood sugar levels and also may damage the blood vessels

**Heparin / Marcumar** Drugs to prevent blood clotting in the deep vein thrombosis therapy

## Next steps

If you received the **thrombotrac**® information from your doctor or from another institution, please provide the completed documents from there and pay the costs. You can also get your receipt there. For direct inquiries to the lab please contact the address below.

## Further questions?

Transfusionsmedizinisches Zentrum Bayreuth **TZB** Laborpraxis Dr. Pachmann & SIMFO GmbH

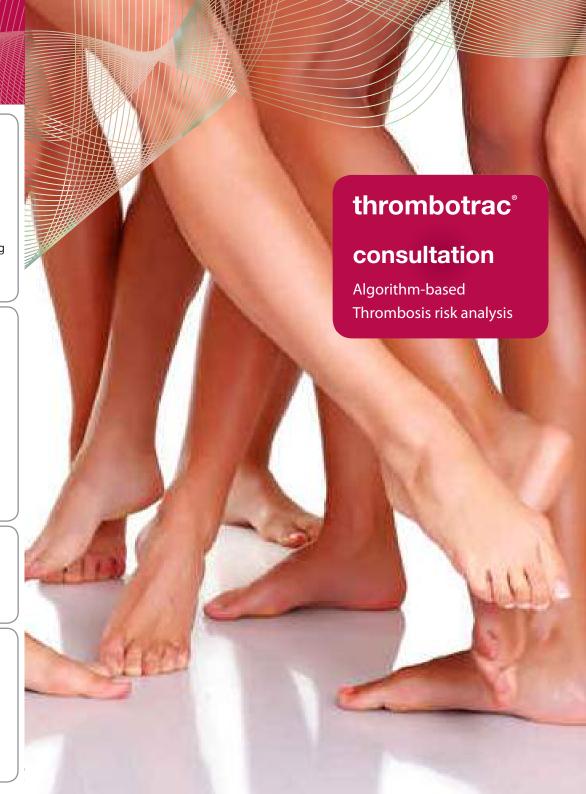
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## Fax reply: 0049 921 850 203



Group I Your personal information	Group IV Your familial risk exposure	
Birthday ( ) ( ) ( ) ( ) ( )	How many relatives first Degree do/did you have (parents, siblings, children)?	
Height (cm) sex male female	How many relatives 2nd Degree do/did you have? (Grandparents, grandchildren)	
Weight (kg)	These relatives ever had thrombosis / pulmonary embolism? * Yes	No
Group II Your personal risk factors	How many thrombosis / pulmonary embolism have happened?	
	How many of them have happened before the age of 50?	
Do you smoke? Yes cigarettes a day? No	How many of those affected suffer / suffered simultaneously from diabetes mellitus? *	
Are you pregnant?		
Do you take the pill?	Group V Your risk factors in the blood	
Do you take hormones? If so, which one(s)? No	blood group PAI-1-675(4G) Protein C	
Do you suffer from varicose veins? Yes No	FV Leiden MTHFR C677T Protein S	
Have you already suffered a thrombosis?  Yes How often?  No	FV Ferrara F VIII Antithrombin	
Are you suffering from malignant diseases (eg cancer)? Yes No	FII G20210A D-Dimere Homocystein	
If so, which one(s)?		_
Since when? stage?		
Are you currently in treatment with chemotherapy? Yes No	PATIENT DATA	
Do you suffer from lupus disease? * Yes No	first name Doctors stamp	
Do you suffer from diabetes? * Yes No	name	
Do you suffer from heart failure? Yes No	Street	
	postcode / town	
Group III Your personal protective factors	phone	
Do you exercise regularly? Yes, how often a wheek? No	e-mail	
Are you currently in thrombosis therapy with heparin preparations? * Yes No	Hereby I authorize Transfusionsmedizinisches Zentrum Bayreuth to calculate my risk of	
Are you currently in thrombosis therapy Macumar preparations? * Yes No	thrombosis by <b>thrombotrac</b> ® and to create my personal <b>thrombotrac</b> ® opinion.	
Do you wear compression stockings?		
* Please refer to the notes and definitions on the back.	Location, Date / Signature	