

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 verified 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?

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thrombotrac®

consultation

Algorithm-based
Thrombosis risk analysis

Group I Your personal information

Birthday . .

Height (cm) sex male female

Weight (kg)

Group II Your personal risk factors

Do you smoke? Yes cigarettes a day? No

Are you pregnant? if yes, what week? Bedridden? Yes No

Do you take the pill? If so, which one(s)? No

Do you take hormones? If so, which one(s)? No

Do you suffer from varicose veins? Yes No

Have you already suffered a thrombosis? Yes How often? No

Are you suffering from malignant diseases (eg cancer)? Yes No
 If so, which one(s)?
 Since when? stage?

Are you currently in treatment with chemotherapy? Yes No

Do you suffer from lupus disease? * Yes No

Do you suffer from diabetes? * Yes No

Do you suffer from heart failure? Yes No

Group III Your personal protective factors

Do you exercise regularly? Yes, how often a wheek? No

Are you currently in thrombosis therapy with heparin preparations? * Yes No

Are you currently in thrombosis therapy Macumar preparations? * Yes No

Do you wear compression stockings? Yes No

* Please refer to the notes and definitions on the back.

Group IV Your familial risk exposure

How many relatives first Degree do/did you have (parents, siblings, children)?

How many relatives 2nd Degree do/did you have? (Grandparents, grandchildren)

These relatives ever had thrombosis / pulmonary embolism? * Yes No

How many thrombosis / pulmonary embolism have happened?

How many of them have happened before the age of 50?

How many of those affected suffer / suffered simultaneously from diabetes mellitus? *

Group V Your risk factors in the blood

blood group	<input type="text"/>	PAI-1-675(4G)	<input type="text"/>	Protein C	<input type="text"/>
FV Leiden	<input type="text"/>	MTHFR C677T	<input type="text"/>	Protein S	<input type="text"/>
FV Ferrara	<input type="text"/>	F VIII	<input type="text"/>	Antithrombin	<input type="text"/>
FII G20210A	<input type="text"/>	D-Dimere	<input type="text"/>	Homocystein	<input type="text"/>

PATIENT DATA

first name
 name
 Street
 postcode / town
 phone
 e-mail

Doctors stamp

Hereby I authorize Transfusionsmedizinisches Zentrum Bayreuth to calculate my risk of thrombosis by **thrombotrac**® and to create my personal **thrombotrac**® opinion.

Location, Date / Signature.....