

**Pregnancy in patients
with Philadelphia negative chronic myeloproliferative disorders**

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<http://www.uni-ulm.de/onkologie/pages/studienzentrale.html> - formulare

Previous Pregnancies

Patient number :	_ _ _	Hospital number:	_ _ _ <i>was given by the coordinators</i>
Patient's initials (First- & Lastname):	_ _	Date of birth:	_ _ _ _
Date of evaluation:	_ _ _ _		
Nr. of pregnancy:	_ _	Number of all previous pregnancies	_ _

Date of delivery:	_ _ _ _	Week:	_ _
Birth weight:	_ _ _ _ _ g	Gender:	<input type="checkbox"/> male <input type="checkbox"/> female
Way of delivery:	<input type="checkbox"/> spontaneous	<input type="checkbox"/> caesarean section	<input type="checkbox"/> forceps
Placental morphology (makro-/ mikroskopisch)			

Antepartal course

Platelets:	highest value	_ _ _ _ _ G/l	week:	_ _
	lowest value	_ _ _ _ _ G/l	week:	_ _
Hematocrit:	highest value	_ _ _ %	week:	_ _
	lowest value	_ _ _ %	week:	_ _

Drugs

Postpartal course

Platelets:	highest value	_ _ _ _ _ G/l	Date:	_ _ _ _
	lowest value	_ _ _ _ _ G/l	Date:	_ _ _ _
Hematocrit:	highest value	_ _ _ %	Date:	_ _ _ _
	lowest value	_ _ _ %	Date:	_ _ _ _

Drugs

Ante and postpartal complications (with time of onset)

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Date

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Signature/Stamp