Pregnancy in patients
with Philadelphia negative chronic myeloproliferative disorders

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

Actual Pregnancy

Patient number : ___ ___ ___ Hospital number: ___ ___ *was given by the coordinators*

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: ☐ male ☐ female

Way of delivery: ☐ spontaneous ☐ caesarean section ☐ forceps

Placental morphology (makro-/ mikroskopic)

_____

_____

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 Signature/Stamp