Cleveland Clinic Laboratories

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PATIENT HISTORY FOR VON WILLEBRAND (VWD) TESTING FORM

PLEASE PRINT

Patient's Name: ______________________________

Date of Birth: ______ / ______ / __________ Gender: ☐ Female ☐ Male

Patient's Cleveland Clinic No.: ______________________ WBC: ______________

Patient's Physician: ______________________ Physician Phone: (______) __________

Physician's Practice Specialty: ______________________________

Patient's Ethnicity (check all that apply)

☐ African-American ☐ Ashkenazi Jewish ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Middle Eastern ☐ Native American ☐ Other ______________

Does the patient have symptoms? ☐ No ☐ Yes (if Yes, check all that apply)

☐ Excessive bruising ☐ Gastrointestinal bleeding ☐ Prolonged bleeding after childbirth
☐ Menorrhagia ☐ Intracranial hemorrhage ☐ Prolonged bleeding post surgery
☐ Hemarthrosis ☐ Hematomas ☐ Prolonged repeated nosebleeds
☐ Hematuria ☐ Post tooth extraction bleeding ☐ Other ______________

Indicate disease severity in patient: ☐ N/A ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Does the patient have a suspected diagnosis of VWD: ☐ No ☐ Yes (if Yes, please circle)

Type 1 Type 2A Type 2B Type 2M Type 2N Type 3 Pseudo VWD Acquired VWD

Please provide result from hemostasis factor assays?

Factor VIII:	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
VWF:RCo (ristocetin cofactor activity)	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
VWF:Ag (quantity of antigen)	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
VWF:CB (collagen binding)	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
VWF:FVIIIB (Factor VIII binding)	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
RIPA: ristocetin-induced platelet agglutination	______ %	☐ normal	☐ low	☐ unknown	☐ not performed
VWF Multimer Pattern	______ %	☐ normal	☐ low	☐ unknown	☐ not performed

Does the patient have a family history of VWD*?* ☐ No ☐ Yes ☐ Unknown

If yes, specify the relationship of the family member(s) to the patient and detail symptoms and age of onset:

____

Has the patient undergone previous DNA testing for his symptoms or family history*?* ☐ No ☐ Yes

If yes, describe test(s) and results:

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LABORATORY USE ONLY

☐ von Willebrand Disease (VWF) Sequencing *(VWFSEQ)*