**Diamond Blackfan Anemia Registry (DBAR)**

**Yearly Update Form**

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| Patient’s Last Name  | First Name  | Middle Initial  |
| Date of Birth  | DBAR # | Sex  | Email Address |
| Primary Phone (Home) | Secondary Phone (Work) | Cell Phone |
| Address  |
| City | State | Zip Code  |
| Name of Primary Physician  | Address of Primary Physician  |
| Phone Number/ Fax of Physician |
| Name of Hematologist | Address of Hematologist |
| Phone Number/ Fax of Hematologist**Check all that apply. Please use additional paper if necessary.** |

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|  **Genetics** *O RPL31**O RPL5* *O RPL11* *O RPL19* *O RPL26**O RPL35a**O RPL17**O RPL18**O RPL27**O RPL35**O GATA1**O TSR2*O *RPS7* *O Unknown*Lab: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_O *RPS10* O *RPS17* *O RPS19* *O RPS24* *O RPS26**O RPS15A**O RPS29**O RPS28**O RPS27*O *RPS20**O RPL15* | **Current Treatment**O NoneO Steroid TherapyO Red Blood Cell TransfusionsO Chelation Therapy O Desferal® O Exjade® O Jadenu®Dose: \_\_\_\_\_\_\_\_\_\_O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Status (Include dates)**O Steroid dependent Current Dose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_O Chronic transfusion dependent Current Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_O Remission O Stem cell transplant O Aplastic anemia O LeukemiaO Myelodysplastic syndrome |
| **Other Relatives with DBA** O None O Sibling O Parent O GrandparentO Aunt/Uncle O CousinO Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Remission**O NeverO In pastO At present O Duration \_\_\_\_\_\_\_\_\_\_\_\_ | **Current Medications (Include Dose)**O PrevacidO Zantac O Blood Pressure pillO Insulin O Growth HormoneO Birth Control medicationO Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Other Health Issues**

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