**Diamond Blackfan Anemia Patient Identification Survey**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name of Person Completing Form | | | MD  RN  CRA | First Name | | |
| Phone | Fax | | | | E-mail | |
| Institution | | | | | | |
| Address | | | | | | |
| City | | State | | | | Zip Code |

|  |  |  |
| --- | --- | --- |
| **Patient #1**  Pt Initials (Last, First)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pt Year of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Status**  O Steroid dependent  O Chronic transfusion dependent  O Remission  O Status post Stem cell transplant  O Aplastic anemia  O Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Myelodysplastic syndrome  O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please specify) | **DBA Genetic Mutation**  O Identified  O Not identified  O Status unknown |
| **DBA Registry (DBAR) Status**  O Patient enrolled in the DBAR  O Patient not enrolled  O Status unknown |
| **Patient #2**  Pt Initials (Last, First)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pt Year of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Status**  O Steroid dependent  O Chronic transfusion dependent  O Remission  O Status post Stem cell transplant  O Aplastic anemia  O Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Myelodysplastic syndrome  O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please specify) | **DBA Genetic Mutation**  O Identified  O Not identified  O Status unknown |
| **DBA Registry (DBAR) Status**  O Patient enrolled in the DBAR  O Patient not enrolled  O Status unknown |
| **Patient #3**  Pt Initials (Last, First)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pt Year of Birth  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Status**  O Steroid dependent  O Chronic transfusion dependent  O Remission  O Status post Stem cell transplant  O Aplastic anemia  O Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O Myelodysplastic syndrome  O Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please specify) | **DBA Genetic Mutation**  O Identified  O Not identified  O Status unknown |
| **DBA Registry (DBAR) Status**  O Patient enrolled in the DBAR  O Patient not enrolled  O Status unknown |

**Check all that apply. Please make copies of this form if you have additional patients to report.**

Please fax completed form to (516) 562-1599 or mail to:Diamond Blackfan Anemia Registry

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