

Aplastic Anaemia Registry Diagnostic Form

ID: Child's initials:
Date of birth:
Clinical Centre:

1. Age: Ethnicity:

2. Diagnosis: VSAA SAA NSAA

3. Idiopathic Fanconi DKC SDS CAMT

Other (specify)

4. Family history of blood disorders/ malignancy? Y N

5. Presence of congenital abnormalities Y N

6. Genomics sent for BMF panel? Y N

7. Result of genomics - please specify

8. Telomere length results < 1st centile 1-10 centile > 10th centile

9. Date of diagnosis

10. Intended treatment Watch & wait Transplant Immune suppression Androgens

Other (specify)