

Document Type | Form

Index Number | Registry 104

Version Number | 1.0

Title | Haemoglobinopathies

Author Annelot van Amerongen

Authorised By | Annelot van Amerongen

Authorised On | 22-Aug-2023

Release Date: 22-Aug-2023



☐ Other haemoglobinopathy; specify:

EBMT Centre Identification Code (CIC):	Treatment Type	□ нст □ ст	☐ IST	Other
Hospital Unique Patient Number (UPN):				
Patient Number in EBMT database:	Treatment Date _	//YY	YY/MM/DE	D)

HAEMOGLOBINOPATHIES

DISEASE			
Note: complete this form only if this diagnosis was the indication for the HCT/CT or if it was specifically requested. Consult the manual for further information.			
Date of diagnosis/date of first event: / (YYYY/MM/DD)			
Classification:			
☐ Thalassaemia			
☐ Beta 0			
☐ Beta+			
☐ Beta E			
☐ Beta S (sickle cell + thalassaemia): Percentage sickle cell: %			
Thalassemia genotype:			
☐ Sickle cell disease			
□ ss			
□ sc			
□ SB+			
☐ SB 0			
Other; specify:			

Index: Registry 104 | Title: Haemoglobinopathies | Version: 1.0 | Effective Date: 2023-08-22 | THIS IS AN UNCONTOLLED COPY