1	. Inclusion / Exclusion Criteria
	Welcome to the Canine IMHA Case Registry
	Just as a reminder, here are the inclusion/exclusion criteria:
	* * * * *
	Patient inclusion criteria: Any dog with a clinicopathologic diagnosis of primary IMHA based on:  Anaemia (PCV or HCT <37%) WITH
	A positive in-saline agglutination test OR
	A positive Coombs' test OR
	Moderate to marked spherocytosis identified by a board certified clinical pathologist
	* * * * *
	Specific exclusions: Evidence of an underlying disease process such as neoplasia predisposing to IMHA
2	. Organisation
	Please select your institution
	1. Trease select your matriation
	2. Please enter your unique patient identifying number (case number)
	2. Flease effici your driiqde patient identifying fidmber (case fidmber)
	3. What date was this patient admitted to your hospital? (DD/MM/YYYY)
3	. Signalment
3	
3	Signalment  4. Patient age in years at initial hospital admission
3	
3	4. Patient age in years at initial hospital admission
3	4. Patient age in years at initial hospital admission
3	<ul><li>4. Patient age in years at initial hospital admission</li><li>5. Breed:</li><li>Please select from the list below</li></ul>
3	<ul><li>4. Patient age in years at initial hospital admission</li><li>5. Breed:</li></ul>
3	<ul><li>4. Patient age in years at initial hospital admission</li><li>5. Breed:</li><li>Please select from the list below</li></ul>
3	4. Patient age in years at initial hospital admission  5. Breed:  Please select from the list below  Other (please specify)
3	4. Patient age in years at initial hospital admission  5. Breed:  Please select from the list below  Other (please specify)  6. Sex
	4. Patient age in years at initial hospital admission  5. Breed:  Please select from the list below  Other (please specify)  Other (please specify)  6. Sex  jn Male entire jn Female entire jn Male castrated jn Female spayed
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	4. Patient age in years at initial hospital admission  5. Breed:  Please select from the list below  Other (please specify)  Other (please specify)  6. Sex  jn Male entire jn Female entire jn Male castrated jn Female spayed

If yes, please specify to where and when    If yes, please specify to where and when	7. Does this patient have a history o	of foreign travel?
8. Did this patient receive any medication in the 30 days prior to hospital admission?  Jn Yes Jn No  If yes, please specify which drug(s) were administered and when  9. Was this patient vaccinated within 30 days of hospital admission?  Jn Yes Jn No  If yes, please specify which vaccine was administered and when  Physical examination  10. Which ASA grade best describes the patient?  Jn ASA I (Normal, healthy)  Jn ASA II (Mild systemic disease)  Jn ASA III (Severe systemic disease)  Jn ASA IV (Life-threatening disease)  Jn ASA IV (Life-threatening disease)  Jn ASA IV (Life-threatening disease)  Pulse rate  Rectal temperature  Literus (Y/N)  Plgmenturia (Y/N/Unknown)	j <sub>n</sub> Yes	jn No
admission?  jn Yes jn No  If yes, please specify which drug(s) were administered and when  9. Was this patient vaccinated within 30 days of hospital admission?  jn Yes jn No  If yes, please specify which vaccine was administered and when  Physical examination  10. Which ASA grade best describes the patient?  jn ASA I (Normal, healthy)  jn ASA II (Mild systemic disease)  jn ASA III (Severe systemic disease)  jn ASA IV (Life-threatening disease)  jn ASA V (Close to death)  11. Initial physical examination findings  Pulse rate  Respiratory rate  Rectal temperature  Lictorus (Y/N)  Plgmenturia (Y/N/Unknown)	If yes, please specify to where and when	
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jn ASA III (Severe systemic disease) jn ASA IV (Life-threatening disease) jn ASA V (Close to death)  11. Initial physical examination findings Pulse rate Respiratory rate Rectal temperature Icterus (Y/N) Pigmenturia (Y/N/Unknown)	jn ASA I (Normal, healthy)	
jn ASA IV (Life-threatening disease)  jn ASA V (Close to death)  11. Initial physical examination findings  Pulse rate  Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	jn ASA II (Mild systemic disease)	
Jn ASA V (Close to death)  11. Initial physical examination findings  Pulse rate  Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	ASA III (Severe systemic disease)	
11. Initial physical examination findings  Pulse rate  Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	ASA IV (Life-threatening disease)	
11. Initial physical examination findings  Pulse rate  Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	ASA V (Close to death)	
Pulse rate  Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	Jii waxa (cacca to cacan)	
Respiratory rate  Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)	11. Initial physical examination findi	ngs
Rectal temperature  Icterus (Y/N)  Pigmenturia (Y/N/Unknown)		
Icterus (Y/N)  Pigmenturia (Y/N/Unknown)		
Pigmenturia (Y/N/Unknown)		
Diagnostic confirmation		
	Diagnostic confirmation	
	Diagnostic confirmation	
	Diagnostic confirmation	

12. Which of these diagnost causes?	ic tests were performed	to rule out underlying
€ Thoracic radiography	Hepatic biopsy (any type)	Urine culture
♠ Abdominal radiography	Splenic biopsy (any type)	Fick borne disease screen
	LN biopsy (any type)	ANA titres
Other (please specify)		
7. Clinicopathologic data		
13. Serum biochemistry data	a:	
Please record at admission  Albumin (g/l)  Globulin (g/l)  ALT activity (U/l)  ALP activity (U/l)  Total bilirubin (umol/l)  Urea (mmol/l)  Creatinine (umol/l)  14. Complete blood count da		
Please enter at admission (control of the proof of the pr		
8. Clinicopathologic data		
15. Degree of polychromasia	a	
j∩ Mild (1+)	j∩ Marked (3+)	j₁ None
jn Moderate (2+)	j <sub>∩</sub> Rare	$j_{\cap}$ Not assessed
16. Degree of anisocytosis		
j∩ Mild (1+)	j∩ Marked (3+)	j <sub>n</sub> None
j∩ Moderate (2+)	j∩ Rare	$j_{\cap}$ Not assessed

17. Degree of spherod	cytosis		
j∩ Mild (1+)	∱∩ Marked (3+)		j∩ None
j∩ Moderate (2+)	j₁∩ Rare		jn Not assessed
18. Confirmed in-salin	e agglutination		
jn Present	j∩ Absent		j∩ Not performed
19. Coombs' test			
∱∩ Positive	∱∩ Negative		j∩ Not performed
Please enter any relevant details	about the Coombs' test (e.g. IgG	/IgM or 4oC/37oC or mor	noclonal/polyclonal)
20. Blood type			
j∩ DEA 1.1 Positive	jn DEA 1.1 Negative	j∩ Not performed	j∩ Unable t
9. Coagulation param	eters		
Please record at admi PT (s)  aPTT (s)  Fibrinogen (umol/l)  Antithrombin activity (%)  TAT complexes (ug/l)  CRP (mg/l)  22. D-Dimers:	ssion (or first) values		
Please select the patie	ent's at admission (or	first) value from	the list below
j₁ <250 ng/ml			
∱∩ 250-500 ng/ml			
∱∩ 500-1000 ng/ml			
j∩ 1000-2000 ng/ml			
<del>j</del> ∩ >2000 ng/ml			
23. TEG parameters: Please record at admi R time (min) K time (min) alpha angle (o) MA value (mm)	ssion (or first) values		

). Treatment							
24. First-line imn	nunosur	opressive	e druas:				
Please indicate t	-	-	_	es of all d	าเกตร เมรเ	ed as firs	t-line
therapy in this pa	_	jo di la ti i	c dosage	,5 01 an a	rags as	ca as m s	, , , , , , ,
Azathioprine							
Ciclosporine							
Cyclophosphamide							
Danazol							
Dexamethasone							
hIVIG							
Leflunomide							
Mycophenolate mofetil							
Prednisolone							
Other (please specify)							
() () () () () () () () () () () () () (							
25. Second-line i	mmuno	suppres	sive drug	js:			
Please record dr	ug dosa	ges and	day of ir	nitiation o	of all dru	ıgs used	as
second-line there	apy in th	nis patiei	nt				
Azathioprine							
Ciclosporine							
Cylophosphamide							
Danazol							
Dexamethasone							
hIVIG							
Leflunomide							
Mycophenolate mofetil							
Prednisolone							
Other (please specify)							
1.							
26 Pland produc	sta (Niun	obor of i	inite adm	alpistoro	1)		
26. Blood produc	0 (1 <b>1</b>	1	111115 auri 2	3	ر ر 4	5	>5
Packed red blood cells	Jm	ja ja	ja	ja ja	ja	jn	jn
. 201.00 . 00 01000 00113	,	Jm	Jn	<u>j</u> n	Jm	Jn	Jm.
Fresh whole blood	m		J	J.,	J	_	J. 1
Fresh whole blood	jn ko	-	ho	to	ko	KO.	ko
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Fresh whole blood Fresh frozen plasma	<b>j</b> m	<b>j</b> n	-	-		_	_
Fresh whole blood Fresh frozen plasma	<b>j</b> m	<b>j</b> n	-	-		_	_
Fresh whole blood Fresh frozen plasma	<b>j</b> m	<b>j</b> n	-	-		_	_
Fresh whole blood Fresh frozen plasma	<b>j</b> m	<b>j</b> n	-	-		_	_

28. Did the patient develop thrombotic complications?  jn No jn Yes jn Unknown  If yes, please describe the nature of the thrombotic complications (e.g. PTE) and how a diagnosis was reached (e.g. CT or PM)  29. Survival to discharge: Please select one of the following outcome options	27. Thromboprophyl	actic drugs:	
thromboprophylactic drugs were used and the dosage (s) administered  Aspirin  Clopidogrel  LMWH  UFH  2. Outcome  28. Did the patient develop thrombotic complications?  Jn No	Please record which	(if any) of these	
(s) administered  Aspirin  Clopidogrel  LMWH  UFH  2. Outcome  28. Did the patient develop thrombotic complications?  Jn No Jn Yes Jn Unknown  If yes, please describe the nature of the thrombotic complications (e.g. PTF) and how a diagnosis was reached (e.g. CT or PM)  29. Survival to discharge:  Please select one of the following outcome options  Jn Discharged alive Jn Died before discharge  If the patient was euthanased, why was this performed?  30. Survival to 30 days post admission:  Please select one of the following outcome options  Jn Alive at 30 days post  Jn Died before 30 days post  Jn Died before 30 days post  Jn Euthanased before 30 days  post admission  If the patient was euthanased, why was this performed?  31. If the patient died or was euthanased, was a postmortem examination performed?  Jn Yes Jn No  32. Please use this box to record any other data which you consider			dosage
Aspirin Clopidogrel LMWH UFH  2. Outcome  28. Did the patient develop thrombotic complications?  Jn No		o al ago were asea and the	acsage
Clopidogrel LMWH UFH  2. Outcome  28. Did the patient develop thrombotic complications?  Jn No jn Yes jn Unknown  If yes, please describe the nature of the thrombotic complications (e.g. PTE) and how a diagnosis was reached (e.g. CT or PM)  29. Survival to discharge: Please select one of the following outcome options  Jn Discharged alive jn Died before discharge jn Euthanased before discharge  If the patient was euthanased, why was this performed?  30. Survival to 30 days post admission: Please select one of the following outcome options  Jn Alive at 30 days post admission post admission  If the patient was euthanased, why was this performed?  31. If the patient died or was euthanased, was a postmortem examination performed?  Jn Yes jn No  32. Please use this box to record any other data which you consider	• •		
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31. If the patient died or was euthanased, was a postmortem examination performed?  jn Yes jn No  32. Please use this box to record any other data which you consider	If the patient was euthanased.	why was this performed?	
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examination performed?  jm Yes  jm No  32. Please use this box to record any other data which you consider			
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32. Please use this box to record any other data which you consider	•		a postmortem
	•		a postmortem
	examination perform	med?	a postmortem
portinent of pecanal about this case.	examination perform	med? jn No	
—————————————————————————————————————	examination perform  jm Yes  32. Please use this b	med? jn № pox to record any other data	
	examination perform  jm Yes  32. Please use this b	med? jn № pox to record any other data	
	examination perform  jm Yes  32. Please use this b	med? jn № pox to record any other data	
	examination perform  jm Yes  32. Please use this b	med? jn № pox to record any other data	