# The ASH Research Collaborative COVID-19 Registry for Hematology

This form is to be completed by a health care professional caring for a patient with documented coronavirus (COVID-19) and a hematologic condition or complication in one or more of three categories: 1) underlying hematologic malignancy preceding a COVID-19 diagnosis; 2) underlying non-malignant hematologic condition preceding a COVID-19 diagnosis; or 3) hematologic complication following a COVID-19 diagnosis. If you are a patient or family member of a patient who would like to contribute data, please speak with your healthcare provider and ask them to submit data on your behalf. Please report only confirmed COVID-19 cases. A login is required to complete cases. This allows you to save a draft version of the submission. **Submissions should only be finalized after the reported case of COVID-19 has run its course.**

Data flow:
Reporter Information → select category or categories (malignant hematology, non-malignant hematology, new post-COVID-19 hematologic complication) → patient information → COVID-19 information → non-malignant hematologic condition information AND/OR hematologic malignancy information AND/OR new post-COVID-19 hematologic complication information

*Fields marked with a red asterisk (*) are required.*

## Reporter Information

**Name of reporter:***
**Email address of reporter:***
**Name of physician providing care for the patient's hematologic condition:***
**Name of center/practice providing care for the patient's hematologic condition:***
**Country and state (if USA) where the reporter is located:***
**Your role**:*
O I am the primary treating physician for the patient's hematologic condition or complication
O I am reporting on behalf of the primary treating physician for the patient's hematologic condition or complication
**Has this case been submitted to another COVID-19 registry?**
☐ SECURE-SCD Registry ☐ COVID-19 and Cancer Consortium (CCC19) ☐ Other
☐ ASCO Registry ☐ NCI COVID-19 in Cancer Patients, NCCAPS Study

## Category Selection

**Please indicate the patient's hematologic condition and/or complication:**
☐ Malignant hematologic condition ☐ New post-COVID-19 hematologic complication
☐ Non-malignant hematologic condition

## Patient Information

**Country of residence at time of COVID-19 diagnosis:*** List of countries

**Age in years at time of COVID-19 diagnosis:*** O Unknown
O Younger than 18 → **If Yes:** O <5 O 5-10 O 11-14 O 15-18
O 19-29 O 30-39 O 40-49 O 50-59 O 60-69 O 70-79 O 80-89 O Older than 90

**Sex**:* O Female O Male O Other

**Race/Ethnicity:**
O White/Caucasian O Black/African/African American O Asian O Hispanic/Latino/Latina
O American Indian/Native Alaskan/Indigenous Persons O Native Hawaiian or Other Pacific Islander
O Other O Prefer not to report

**Smoking status:** O Current smoker O Former smoker O Never smoker O Unknown

**Vaping status:** O Current vaper O Former vaper O Never vaper O Unknown

**Comorbidities:** ☐ Non-hematologic cancer → **If Yes:** O Lung cancer O Pulmonary metastases

☐ COPD/Emphysema ☐ Other chronic lung disease ☐ Coronary artery disease
☐ Congestive heart failure ☐ Hypertension ☐ HIV
☐ Other chronic heart disease ☐ Chronic renal insufficiency ☐ Hepatic dysfunction
☐ Other chronic immunodeficiency ☐ Hepatitis C virus ☐ Venous thromboembolism
☐ Ischemic stroke/TIA ☐ Diabetes ☐ Autoimmune disease
☐ Primary or secondary hypogammaglobulinemia ☐ Unknown

## COVID-19 Information

**Diagnosis time period:** _____ Year of COVID-19 diagnosis*

**COVID-19 diagnosis was confirmed with:***
O Positive PCR test O Presumptive based on history / CT O Presumptive based on history / chest X-ray

**Severity of COVID-19:*** *(select highest acuity experienced)*
O Mild (no hospitalization required) O Moderate (hospitalization required) O Severe (ICU admission required)
→If **Moderate, Respiratory Support**:
O No supplemental oxygen O 1–5 l/min O High flow oxygen (> 5 l/min)
→If **Severe, Therapy Administered:**
☐ Non-invasive mechanical ventilation (e.g. BiPAP, CPAP) ☐ Invasive mechanical ventilation
☐ Renal replacement therapy (intermittent or continuous) ☐ Vasopressors and/or inotropes
☐ ECMO

**COVID-19 symptoms:***
☐ Fever ☐ Fatigue ☐ Headache
☐ Diaphoresis ☐ Myalgias ☐ Confusion
☐ Weight loss ☐ Abdominal pain ☐ Anosmia
☐ Cough ☐ Diarrhea ☐ Shortness of breath
☐ Rhinorrhea ☐ Nausea and/or vomiting ☐ None (patient was asymptomatic)

**Did the patient receive any treatment specifically to treat COVID-19?*** O Yes O No O Unknown
→ **If Yes, which, if any of the following COVID-19-directed treatments did the patient receive?**
☐ ribavirin ☐ remdesivir ☐ mesenchymal stem cells
☐ lopinavir + ritonavir (kaletra) ☐ losartan ☐ convalescent plasma
☐ favipiravir ☐ IVIG ☐ tocilizumab
☐ chloroquine ☐ siltuximab ☐ azithromycin
☐ hydroxychloroquine ☐ Other ☐ dexamethasone

**Have the patient's symptoms resolved at the time of this report?***
O Yes O No O Unknown O Not applicable

**What was the total duration of symptoms, from time of first onset to resolution or death?**
O </= 2 days O 3 - 5 days O 6 - 10 days O 11 - 15 days O 16 - 20 days O 21 - 25 days
O 26 - 30 days O > 30 days O Patient never had symptoms (positive test only) O Unknown

**At the time of COVID-19 diagnosis, was the patient neutropenic?** O Yes O No O Unknown
→**If Yes, what was the neutrophil count?**
O > 1.0 cells x $10^9$/L O 0.5 to 1.0 cells x $10^9$/L O < 0.5 cells x $10^9$/L O Unknown

**At the time of COVID-19 diagnosis, was the patient lymphopenic?** O Yes O No O Unknown
→**If Yes, what was the lymphocyte count?**
O > 1.0 cells x $10^9$/L O 1.0 to 0.5 cells x $10^9$/L O < 0.5 cells x $10^9$/L O Unknown

**Was there a decision to forgo ICU admission in favor of a palliative approach?** O Yes O No O Unknown

## Non-Malignant Hematologic Condition Information

**What is your patient's non-malignant hematologic condition? ***

☐ **Hemophilia A → If Yes, what treatment(s) did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Prophylaxis | | |
| • Standard half-life (SHL) FVIII product | ☐ | ☐ |
| • Extended half-life (EHL) FVIII product | ☐ | ☐ |
| • Emicizumab | ☐ | ☐ |
| On-demand | | |
| • Standard half-life (SHL) FVIII product | ☐ | ☐ |
| • Extended half-life (EHL) FVIII product | ☐ | ☐ |
| Gene therapy | ☐ | ☐ |
| Clinical trial therapy | ☐ | ☐ |

☐ **Hemophilia B → If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Prophylaxis | | |
| • Standard half-life (SHL) FVIII product | ☐ | ☐ |
| • Extended half-life (EHL) FVIII product | ☐ | ☐ |
| • Emicizumab | ☐ | ☐ |
| On-demand | | |
| • Standard half-life (SHL) FVIII product | ☐ | ☐ |
| • Extended half-life (EHL) FVIII product | ☐ | ☐ |
| Gene therapy | ☐ | ☐ |
| Clinical trial therapy | ☐ | ☐ |

☐ **Von Willebrand Disease (VWD) →If Yes, What Type of VWD?**

O Type 1

O Type 2 →**If Yes, what Type 2 VWD?** O 2A O 2B O M O N

O Type 3

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Prophylaxis | | |
| • Humate-P | ☐ | ☐ |
| • Wilate | ☐ | ☐ |
| • Vonvendi | ☐ | ☐ |
| • DDAVP | ☐ | ☐ |
| • Tranexamic acid or epsilon amino caproic acid | ☐ | ☐ |
| • Other | ☐ | ☐ |
| On-demand | | |
| • Humate-P | ☐ | ☐ |
| • Wilate | ☐ | ☐ |
| • Vonvendi | ☐ | ☐ |
| • DDAVP | ☐ | ☐ |
| • Tranexamic acid or epsilon amino caproic acid | ☐ | ☐ |
| • Other | ☐ | ☐ |
| Clinical trial therapy | ☐ | ☐ |

→**Were changes made to the patient's hemophilia or VWD treatment plan *BEFORE and/or AFTER* COVID-19 diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Initiation of prophylaxis | O | O |
| Intensified prophylaxis | O | O |
| Change in type of replacement product | O | O |
| Other changes made to treatment dose or schedule | O | O |

→**Did the patient develop any bleeding complications?**

O Yes O No O Unknown

☐ **Sickle Cell Disease** *(please report this case to [https://covidsicklecell.org](https://covidsicklecell.org))*

→ **If Yes, what genotype of sickle cell disease?**

O Sickle cell disease SS/S-beta (0) thalassemia O Sickle cell disease SC

O Sickle cell disease S-beta (+) thalassemia O Sickle cell disease – other

☐ **Aplastic Anemia**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| No treatment | ☐ | ☐ |
| Corticosteroids | ☐ | ☐ |
| IVIG | ☐ | ☐ |
| Tacrolimus | ☐ | ☐ |
| Cyclosporine | ☐ | ☐ |
| Mycophenolate mofetil | ☐ | ☐ |
| Antithymocyte globulin | ☐ | ☐ |
| Cyclophosphamide | ☐ | ☐ |
| Eltrombopag | ☐ | ☐ |
| Alemtuzumab | ☐ | ☐ |
| Iron chelation | ☐ | ☐ |
| G-CSF | ☐ | ☐ |
| Bone marrow transplant | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

**→Were changes made to the patient's aplastic anemia treatment plan *BEFORE and/or AFTER* COVID-19 diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Discontinuation of treatment, no plan to resume | O | O |
| Discontinuation of treatment, plan to change | O | O |
| Change in type of treatment | O | O |
| Other changes made to treatment dose or schedule | O | O |

☐ **Thalassemia**

**→If Yes, what type of thalassemia?**

O β-Thalassemia major O β-Thalassemia intermedia O Hemoglobin H disease O Other

**→ If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| No treatment | ☐ | ☐ |
| Routine RBC transfusions | ☐ | ☐ |
| RBC transfusions on demand | ☐ | ☐ |
| Luspatercept | ☐ | ☐ |
| Deferoxamine | ☐ | ☐ |
| Deferiprone | ☐ | ☐ |
| Deferasirox | ☐ | ☐ |
| Bone marrow transplant | ☐ | ☐ |
| Other | ☐ | ☐ |

| | | |
|---|---|---|
| Unknown | ☐ | ☐ |

**→Were changes made to the patient's thalassemia treatment plan *BEFORE and/or AFTER* COVID-19 diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Treatment stopped, no plan to restart treatment | O | O |
| Treatment stopped, plan to resume treatment | O | O |
| Treatment stopped, plan to start different treatment | O | O |
| Other changes made to treatment dose or schedule | O | O |

☐ **Immune Thrombocytopenia**

**→ If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Corticosteroids | ☐ | ☐ |
| IVIG | ☐ | ☐ |
| Rituximab | ☐ | ☐ |
| Romiplostim | ☐ | ☐ |
| Fostamatinib | ☐ | ☐ |
| Avatrombopag | ☐ | ☐ |
| Splenectomy | ☐ | ☐ |
| Other | ☐ | ☐ |

**→Platelet count at time of COVID-19 diagnosis:**

O < 30 x$10^9$/L O 30 – 50 x$10^9$/L O 50 – 100 x$10^9$/L O >150 x$10^9$/L

**→Were changes made to the patient's ITP treatment plan *BEFORE and/or AFTER* COVID-19 diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Treatment stopped, no plan to restart treatment | O | O |
| Treatment stopped, plan to resume treatment | O | O |
| Treatment stopped, plan to start different treatment | O | O |
| Other changes made to treatment dose or schedule | O | O |

☐ **Venous Thromboembolism (VTE)**

**→ If Yes, what anticoagulation did your patient receive in the last 12 months and which was the most recent treatment prior to COVID diagnosis?**

O Patient DID NOT have anticoagulation in past year

O Patient DID have anticoagulation in the past year:

☐ low molecular weight heparin → **If Yes, indicate dose intensity:**

O Standard prophylactic dose O Weight-adjusted prophylactic dose

O Intermediate dose O Therapeutic dose

☐ fondaparinux → **If Yes, indicate dose intensity:**

O Low dose (2.5 mg once daily)

O Intermediate dose (intermediate between low dose and therapeutic dose)

O Therapeutic dose (5 mg for weight <50 kg, 7.5 mg for weight 50 to 100 kg, 10 mg for weight >100 kg)

☐ apixaban → **If Yes, indicate dose:**

O 2.5 mg twice daily O 5 mg twice daily O 10 mg twice daily

☐ rivaroxaban → **If Yes,** indicate dose

O 10 mg once daily O 15 mg once daily O 20 mg once daily O 15 mg twice daily

☐ edoxaban → **If Yes, indicate dose:**

O 30 mg once daily O 60 mg once daily

☐ dabigatran → **If Yes, indicate dose:**

O 75 mg twice daily O 110 mg twice daily O 150 mg twice daily

☐ warfarin → **If Yes, indicate target therapeutic range:**

O INR 1.5 to 2.5 O INR 2 to 3 O INR 2.5 to 3.5

☐ Unknown

☐ Other

**→Timing of most recent VTE diagnosis, relative to the time of the COVID-19 diagnosis?**

O Within past 3 months prior to COVID-19 O 3 months-1 year prior to COVID-19

O > 1 year prior to COVID-19 O Unknown

**→Location of most recent VTE:**

☐ Lower extremity DVT ☐ Upper extremity DVT ☐ Unusual site DVT (splanchnic, cerebral v.) ☐ PE

**→Most recent VTE diagnosis was:**

O First VTE O Recurrent VTE

**→Most recent VTE was:**

☐ Unprovoked ☐ Provoked by a persistent risk factor (e.g. cancer, APLA)

☐ Provoked by a transient risk factor (e.g. surgery, trauma, admission to hospital, pregnancy/delivery)

**→Were changes made to the patient's VTE treatment plan *BEFORE and/or AFTER* COVID-19 diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Treatment stopped, no plan to restart treatment | O | O |
| Treatment stopped, plan to resume treatment | O | O |
| Treatment stopped, plan to start different treatment | O | O |
| Changes made to treatment dose or schedule | O | O |

**Other chronic hematologic conditions:**

☐ Autoimmune hemolytic anemia ☐ Cold agglutinin disease

☐ Hereditary hemorrhagic telangiectasia ☐ Atypical hemolytic uremic syndrome

☐ Paroxysmal nocturnal hemoglobinuria ☐ Thrombotic thrombocytopenic purpura

☐ Hemochromatosis

## Hematologic Malignancy Information

**What is your patient's hematologic malignancy?***

☐ **Acute Myeloid Leukemia (non-APL)** *-and/or-*

☐ **Acute Promyelocytic Leukemia** *-and/or-*

☐ **Acute Lymphoblastic Leukemia** *-and/or-*

☐ **Myelodysplastic Syndrome**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Intensive induction therapy for acute leukemia | ☐ | ☐ |
| Consolidation therapy for acute leukemia | ☐ | ☐ |
| Maintenance therapy for acute leukemia | ☐ | ☐ |
| ATRA | ☐ | ☐ |
| ATO | ☐ | ☐ |
| Hydroxyurea | ☐ | ☐ |
| Gemtuzumab | ☐ | ☐ |
| Low dose palliative chemotherapy | ☐ | ☐ |
| Steroids | ☐ | ☐ |
| Decitabine, azacitidine or similar | ☐ | ☐ |
| Venetoclax | ☐ | ☐ |
| Midostaurin, sorafenib or similar | ☐ | ☐ |
| Panobinostat | ☐ | ☐ |
| Imatinib, dasatinib or similar | ☐ | ☐ |
| Inotuzumab | ☐ | ☐ |
| Blinatumomab or other bispecific T-cell engager | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Myelofibrosis (MF)** *-and/or-*

☐ **Myeloproliferative Neoplasm** *(excluding MF)*

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Hydroxyurea | ☐ | ☐ |
| Anegralide | ☐ | ☐ |
| Ruxolitinib | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Hodgkin lymphoma**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year
O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| ABVD or similar (e.g. ABVE-PC) | ☐ | ☐ |
| BEACOPP or similar | ☐ | ☐ |
| OEPA/COPDAC or similar | ☐ | ☐ |
| MOPP/COPP or similar | ☐ | ☐ |
| Brentuximab vedotin | ☐ | ☐ |
| Nivolumab or other check-point inhibitor | ☐ | ☐ |
| Platinum-based regimen (e.g. GDP, DHAP, ICE etc.) | ☐ | ☐ |
| Steroids | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Aggressive non-hodgkin lymphoma**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year
O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Dose-dense anthracycline based chemo (e.g. Magrath, HyperCVAD, FAB/LMB etc.) | ☐ | ☐ |
| Anthracylin-based chemo (e.g. CHOP, EPOCH, CHOEP etc.) | ☐ | ☐ |
| Lower dose, palliative chemotherapy (e.g. CVP) | ☐ | ☐ |
| Ibrutinib | ☐ | ☐ |
| Rituximab | ☐ | ☐ |
| Romidepsin | ☐ | ☐ |
| Brentuximab | ☐ | ☐ |
| Steroids | ☐ | ☐ |
| Platinum-based salvage regimen (e.g. GDP, DHAP, ICE etc.) | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Chronic lymphocytic leukemia/small lymphocytic lymphoma**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year
O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Acalabrutinib | ☐ | ☐ |
| Fludarabine based regimen | ☐ | ☐ |
| Bendamustine | ☐ | ☐ |

| | | |
|---|---|---|
| Chlorambucil | ☐ | ☐ |
| Rituximab | ☐ | ☐ |
| Obinutuzimab | ☐ | ☐ |
| Ofatumumab | ☐ | ☐ |
| Ibrutinib (or similar e.g. acalabrutinib) | ☐ | ☐ |
| Idelalisib (or similar) | ☐ | ☐ |
| Venetoclax | ☐ | ☐ |
| Alemtuzumab | ☐ | ☐ |
| Steroids | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Chronic Myeloid Leukemia**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Imatinib | ☐ | ☐ |
| Dasatinib | ☐ | ☐ |
| Nilotinib | ☐ | ☐ |
| Bosutinib | ☐ | ☐ |
| Ponatinib | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Indolent Non-Hodgkin Lymphoma** *-and/or-*

☐ **Mantle Cell Lymphoma**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Acalabrutinib | ☐ | ☐ |
| Bendamustine | ☐ | ☐ |
| Fludarabine-based regimen | ☐ | ☐ |
| CHOP or Chop like regimen | ☐ | ☐ |
| CVP | ☐ | ☐ |
| Chlorambucil | ☐ | ☐ |
| Rituximab | ☐ | ☐ |
| Romidepsin | ☐ | ☐ |
| Obinutuzumab | ☐ | ☐ |
| Ofatumumab | ☐ | ☐ |
| Lenalidomide | ☐ | ☐ |
| Ibrutinib | ☐ | ☐ |

| | | |
|---|---|---|
| Cladribine | ☐ | ☐ |
| Platinum-based salvage regimen (e.g. GDP, DHAP, ICE etc.) DHAP or similar | ☐ | ☐ |
| Idelalisib (or other PI3K inhibitor) | ☐ | ☐ |
| Steroids | ☐ | ☐ |
| Zanubrutinib | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

☐ **Multiple Myeloma** *-and/or-*

☐ **Primary AL Amyloidosis** *-and/or-*

☐ **POEMS**

→ **If Yes, what treatments did your patient receive in the last 12 months and which was the most recent treatment prior to COVID-19 diagnosis?**

O Patient DID NOT have treatment in the past year

O Patient DID have treatment in the past year

| Treatment | Last 12 Months | Last Prior to COVID-19 Diagnosis |
|---|---|---|
| Bortezomib | ☐ | ☐ |
| Carfilzomib | ☐ | ☐ |
| Ixazomib | ☐ | ☐ |
| Dexamethasone | ☐ | ☐ |
| Lenalidomide | ☐ | ☐ |
| Pomalidomide | ☐ | ☐ |
| Thalidomide | ☐ | ☐ |
| Cyclophosphamide | ☐ | ☐ |
| Daratumumab | ☐ | ☐ |
| Elotuzumab | ☐ | ☐ |
| Selinexor | ☐ | ☐ |
| Panobinostat | ☐ | ☐ |
| Ruxolitinib | ☐ | ☐ |
| Other | ☐ | ☐ |
| Unknown | ☐ | ☐ |

**The most recent hematologic malignancy treatment was being given to:**

O Induce remission with the intent of curing the hematologic malignancy

O Induce remission (partial or complete) with the intent of prolonging survival and/or improving symptoms of the hematologic malignancy

O Maintain remission

O Reduce symptoms of the hematologic malignancy or to decrease transfusion burden (i.e. no expectation of inducing remission)

O Other

O Unknown

**When did Your patient receive their most recent treatment for their hematologic malignancy, relative to the time of their COVID-19 diagnosis?**

O Received treatment at the time of COVID-19 diagnosis

O Within past 3 months prior to COVID-19 diagnosis

O 1 year - 2 years prior to COVID-19 diagnosis

O > 2 years prior to COVID-19 diagnosis

O 3 months - 6 months prior to COVID-19 diagnosis O Unknown
O 6 months - 1 year prior to COVID-19 diagnosis

**Did the patient receive any of the following prior to the COVID-19 diagnosis?**

☐ Autologous stem cell transplant ☐ Matched related donor allogeneic stem cell transplant
☐ CAR-T cells ☐ Matched unrelated donor allogeneic stem cell transplant
☐ Haplo-identical allogeneic stem cell transplant ☐ Unknown

**Was an autologous stem cell transplant given at any time?** O Yes O No O Unknown

→**If Yes, How Many Days Before the COVID-19 Diagnosis did the Autologous Stem Cell Transplant Occur?**

O <21 days (3 weeks) prior to COVID-19 diagnosis O Between 21 - 100 days prior to COVID-19 diagnosis
O Between 101 - 365 days prior to COVID-19 diagnosis O >365 days prior to COVID-19 diagnosis
O Unknown

**Was an Allogeneic Stem Cell Transplant Given at any Time?** O Yes O No O Unknown

→**If Yes, How Many Days Before the COVID-19 Diagnosis did the Allogeneic Stem Cell Transplant Occur?**

O <21 days (3 weeks) prior to COVID-19 diagnosis O Between 21-100 days prior to COVID-19 diagnosis
O Between 101-365 days prior to COVID-19 diagnosis O >365 days prior to COVID-19 diagnosis
O Unknown

**Did the patient have GVHD at the time of COVID-19 diagnosis?** O Yes O No O Unknown

→**If Yes**: O Acute GVHD O Chronic GVHD

→**If Yes, was the patient on treatment for GVHD?** O Yes O No O Unknown

→**If Yes**: **Was the Stem Cell Graft Tested for SARS-CoV-2 (the virus that causes COVID-19)?**

O Yes O No O Unknown O Not applicable, the graft was collected before COVID-19 pandemic

**What was the status of your patient's hematologic malignancy at the time of their COVID-19 diagnosis?**

O Initial diagnosis O In remission not on treatment O Stable but not in remission
O In remission on consolidation or maintenance treatment O Relapsed or refractory
O Unknown

**Taking into account all relevant factors (age, comorbidities, underlying hematologic condition), what do you estimate your patient's overall prognosis for survival was before COVID-19 Diagnosis?**

O < 3 months O 3 - 6 months O 6 - 12 months O > 12 months

**Were changes made to the patient's blood cancer treatment plan *BEFORE and/or AFTER* COVID-19 Diagnosis, as a result of the COVID-19 pandemic?**

| | Before COVID-19 Diagnosis | After COVID-19 Diagnosis |
|---|---|---|
| No change made | O | O |
| Blood cancer treatment stopped, no plan to restart treatment | O | O |
| Blood cancer treatment stopped, plan to resume treatment | O | O |
| Blood cancer treatment stopped, plan to start different treatment | O | O |
| Changes made to treatment dose or schedule | O | O |

## Post-COVID-19 Hematologic Complication Information

**Which post-COVID-19 hematologic complications were known to have occurred?***

☐ Coagulopathy
☐ Inflammatory Markers
☐ Venous Thromboembolism (VTE)

☐ **Coagulopathy**

| Test | On Admission (or First Measured) | Peak or Nadir During Admission |
|---|---|---|
| **Prothrombin Time (PT)** | O Not measured O Normal<br>O Prolonged<br>→ **If Yes, indicate degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec | O Not measured O Normal<br>O Prolonged<br>→ **If Yes, indicate degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec |
| **INR** | O Not measured O Normal<br>O Elevated (otherwise unexplained)<br>→ **If Yes, indicate level: _____**<br>O Elevated in the presence of VKA, known vitamin K deficiency, coagulopathy of chronic liver disease, trauma, massive transfusion | O Not measured O Normal<br>O Elevated (otherwise unexplained)<br>→ **If Yes, indicate level: _____**<br>O Elevated in the presence of VKA, known vitamin K deficiency, coagulopathy of chronic liver disease, trauma, massive transfusion |
| **Partial thromboplastin time (aPTT)** | O Not measured O Normal<br>O Prolonged →**If Yes, indicate longest degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec | O Not measured O Normal<br>O Prolonged →**If Yes, indicate longest degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec |
| **Fibrinogen** | O Not measured<br>O Measured → **Indicate level: _____**<br>→ **Indicate units:**<br>O g/L O mg/dL | O Not measured<br>O Measured → **Indicate level: _____**<br>→ **Indicate units:**<br>O g/L O mg/dL |
| **D-dimer** | **Was D-dimer measured?**<br>O No O Yes<br>→ **If Yes, is the type of D-dimer assay known?**<br>O No → **Indicate level of D-dimer relative to cut off value**:<br>O below lab cut off<br>O 1 - 1.9X cut off value<br>O 2 - 2.9X cut off value<br>O 3 - 3.9X cut off value<br>O 4 - 4.9X cut off value<br>O 5 - 5.9X cut off value<br>O 6 - 6.9X cut off value<br>O 7 - 7.9X cut off value<br>O 8 - 8.9X cut off value<br>O 9 - 9.9X cut off value<br>O ≥ 10X cut off value<br>O > Upper limit of quantitation<br>→ **Indicate upper limit: _____** | **Was D-dimer measured?**<br>O No O Yes<br>→ **If Yes, is the type of D-dimer assay known?**<br>O No → **Indicate level of D-dimer relative to cut off value**:<br>O below lab cut off<br>O 1 - 1.9X cut off value<br>O 2 - 2.9X cut off value<br>O 3 - 3.9X cut off value<br>O 4 - 4.9X cut off value<br>O 5 - 5.9X cut off value<br>O 6 - 6.9X cut off value<br>O 7 - 7.9X cut off value<br>O 8 - 8.9X cut off value<br>O 9 - 9.9X cut off value<br>O ≥ 10X cut off value<br>O > Upper limit of quantitation<br>→ **Indicate upper limit: _____** |

| | | |
|---|---|---|
| | O Yes → **Indicate D-dimer assay used at institution:**<br>O IL HemosIL D-dimer<br>O IL HemosIL D-dimer HS<br>O IL HemosILD-dimer HS500<br>O Radiometer AQT90 Flex<br>O Siemens Innovance<br>O Siemens Acute Care<br>O Stago/Roche Liatest D-dimer<br>O Stago Liatest D-dimer Plus<br>O Roche Cardiac Reader DD test<br>O RocheTinaquant 2nd gen<br>O BioMerieux Vidas<br>O Diagon Dia-D-Dimer<br>O Beckman Coulter D-Dimer<br>O Diagnostica STA Liatest<br>O Other<br>→ **Enter initial D-dimer value: ___** | O Yes → **Indicate D-dimer assay used at institution:**<br>O IL HemosIL D-dimer<br>O IL HemosIL D-dimer HS<br>O IL HemosILD-dimer HS500<br>O Radiometer AQT90 Flex<br>O Siemens Innovance<br>O Siemens Acute Care<br>O Stago/Roche Liatest D-dimer<br>O Stago Liatest D-dimer Plus<br>O Roche Cardiac Reader DD test<br>O RocheTinaquant 2nd gen<br>O BioMerieux Vidas<br>O Diagon Dia-D-Dimer<br>O Beckman Coulter D-Dimer<br>O Diagnostica STA Liatest<br>O Other<br>→ **Enter D-dimer value: ___** |
| **Platelet count** | _____x $10^9$/L | _____x $10^9$/L |

**Blood Product and Hemostatic Treatments**

**→Did the patient receive any blood components?**

→ **If Yes**: ☐ Red blood cells ☐ Whole blood ☐ Plasma transfusion
☐ Convalescent plasma ☐ Platelet transfusion ☐ Cryoprecipitate
☐ Fibrinogen concentrate ☐ IVIG

**→Did the patient receive any coagulation factors or natural anticoagulants?**

→ **If Yes**: ☐ Recombinant VIIa ☐ Protein C concentrate ☐ Other
☐ Antithrombin concentrate ☐ Activated protein C concentrate
☐ Prothrombin complex concentrate ☐ Activated prothrombin complex concentrate

**→Did the patient receive any antifibrinolytic therapy?**

→ **If Yes**: ☐ Tranexamic acid ☐ Epsilon amino caproic acid

**Antithrombotic Therapies**

**→Did the patient receive any of the following anticoagulant therapies for prevention of thrombosis?**

O Unknown
O No anticoagulant therapies given
O Low molecular weight heparin → **If Yes, indicate dose intensity:**
O Standard prophylactic dose O Intermediate dose
O Weight-based prophylactic dose O Therapeutic dose
O Unfractionated heparin (intravenous)
O Unfractionated heparin (subcutaneous)
→ **If Yes, indicate dose intensity:**
O Low dose (5000 units every 8 or 12 hours)
O Therapeutic dose (initial dose 333 U/kg then 250 U/kg every 12 hours)
O fondaparinux → **If Yes, indicate dose intensity:**
O Low dose (2.5 mg once daily)
O Intermediate dose (intermediate between low dose and therapeutic dose)

O Therapeutic dose (5 mg for weight <50 kg, 7.5 mg for weight 50 to 100 kg, 10 mg for weight >100 kg)

O apixaban → **If Yes, indicate dose:**
O 2.5 mg twice daily O 5 mg twice daily O 10 mg twice daily

O rivaroxaban → **If Yes, indicate dose:**
O 10 mg once daily O 15 mg once daily O 20 mg once daily
O 2.5 mg twice daily O 15 mg twice daily

O edoxaban → **If Yes, indicate dose:**
O 30 mg once daily O 60 mg once daily

O dabigatran → **If Yes, indicate dose**:
O 75 mg twice daily O 110 mg twice daily O 150 mg twice daily

O Betrixaban 80 mg once daily

O warfarin → **If Yes, indicate target therapeutic range:**
O INR 1.5 to 2.5 O INR 2 to 3 O INR 2.5 to 3.5

O Unknown

O Other

☐ **Venous Thromboembolism (VTE)**

→**Indicate number of days from COVID-19 diagnosis to VTE diagnosis:** _____

→**Patient location at time of VTE diagnosis:**

☐ Outpatient (non-hospitalized)

→ **If Yes, history of VTE?**

O No history of VTE

O Prior history of VTE

→**If Yes:** ☐ Prior provoked VTE ☐ Prior unprovoked VTE ☐ Unknown

→ **Indicate whether was the patient was receiving anticoagulant therapy at the time of COVID-19-associated VTE:** O No O Yes → **If Yes, indicate type of anticoagulant:**

O Low molecular weight heparin → **If Yes, indicate dose intensity:**
O Standard prophylactic dose
O Intermediate dose
O Weight-adjusted prophylactic dose
O Therapeutic dose

O fondaparinux → **If Yes, indicate dose intensity:**
O Low dose (2.5 mg once daily)
O Intermediate dose (intermediate between low dose and therapeutic dose)
O Therapeutic dose (5 mg for weight <50 kg, 7.5 mg for weight 50 to 100 kg, 10 mg for weight >100 kg)

O apixaban → **If Yes, indicate dose:**
O 2.5 mg twice daily O 5 mg twice daily O 10 mg twice daily

O rivaroxaban → **If Yes, indicate dose:**
O 10 mg once daily O 15 mg once daily O 20 mg once daily
O 2.5 mg twice daily O 15 mg twice daily

O edoxaban → **If Yes, indicate dose:**
O 30 mg once daily O 60 mg once daily

O dabigatran → **If Yes, indicate dose**:
O 75 mg twice daily O 110 mg twice daily O 150 mg twice daily

O Betrixaban 80 mg once daily

O warfarin → **If Yes, indicate target therapeutic range:**

O INR 1.5 to 2.5 O INR 2 to 3 O INR 2.5 to 3.5

O Unknown

O Other

→ **Indicate indication for anticoagulation:**

☐ Previous VTE ☐ Atrial fibrillation ☐ Mechanical heart valve

☐ Left ventricular assist device ☐ Left ventricular thrombus ☐ Unknown

☐ Coronary artery and/or peripheral artery disease ☐ Other

☐ Prevention of VTE (e.g. after hospital discharge, orthopedic surgery, ambulatory cancer patient on chemotherapy)

→ **Indicate whether the patient was receiving <u>antiplatelet therapy</u> at the time of COVID-19-associated VTE:**

O No antiplatelet therapy O Single agent antiplatelet therapy O Dual antiplatelet therapy

→ **Persistent risk factor(s):**

☐ Unknown

☐ No persistent risk factors

☐ Active cancer (potentially curative treatment not given, known recurrent or progressive disease, or treatment is ongoing)

☐ Chronic inflammatory condition (e.g. inflammatory bowel disease, chronic infection)

☐ Non-ambulatory (e.g. wheelchair, bed-bound)

☐ Known objectively confirmed antiphospholipid antibody syndrome

☐ Known objectively confirmed high risk inherited thrombophilia (homozygous factor V Leiden, homozygous prothrombin gene mutation G20210A, compound heterozygosity for factor V Leiden/prothrombin gene mutation G20210A, protein C deficiency, protein S deficiency, antithrombin deficiency, other multiple inherited thrombophilias)

☐ Known objectively confirmed low risk inherited thrombophilia (heterozygous factor V Leiden, or heterozygous prothrombin gene mutation G20210A)

☐ Obesity

→ **If Yes, BMI category:**

O BMI not known O 30-39.9 O 40-49.9 O >50

→ **If Yes, enter actual body weight (kg):** _____ ☐ Not known

→ **Major transient risk factor(s) present within <u>3 months before VTE diagnosis</u>:**

☐ No major transient risk factors ☐ Surgery with general anesthesia > 30 minutes

☐ Indwelling central venous catheter ☐ Caesarian section

☐ Hospitalized and confined to bed for 3 days or longer with acute illness

→ **Minor transient risk factor(s) present within <u>2 months before VTE diagnosis:</u>**

☐ No minor transient risk factors ☐ Hospitalization for < 3 days with acute illness

☐ Surgery with general anesthesia < 30 minutes ☐ Pregnancy / puerperium

☐ Exogenous estrogen use

☐ Confined to bed at home for 3 or more days with acute illness

☐ Leg injury associated with reduced mobility for at least 3 days

☐ Inpatient (hospitalized)

→ **If Yes, indicate supportive therapies at the time of VTE diagnosis:**

O Respiratory support

→ **If Yes:** O High flow oxygen (>5L)
O Non-invasive mechanical ventilation (e.g. CPAP, BiPAP)
O Invasive mechanical ventilation

O Additional life support therapies:

☐ Vasopressors and/or inotropes ☐ Renal replacement therapy (intermittent or continuous) ☐ ECMO

→ **Number of days in hospital at the time of VTE diagnosis:** _____

→ **History of VTE:**

O No history of VTE O Prior history of VTE

→ **If Yes, select all that apply:**

☐ Prior provoked VTE ☐ Prior unprovoked VTE ☐ Unknown

→ **Additional VTE risk factor(s):**

☐ Unknown
☐ No additional risk factors
☐ Non-ambulatory (e.g. wheelchair, bed-bound)
☐ Active cancer (potentially curative treatment not given; or known recurrent or progressive disease), or treatment is ongoing)
☐ Chronic inflammatory condition (e.g. inflammatory bowel disease, chronic inflammatory condition, chronic infection)
☐ Known objectively confirmed antiphospholipid antibody syndrome
☐ known objectively confirmed high risk inherited thrombophilia (homozygous factor V Leiden, protein C deficiency, protein S deficiency, antithrombin deficiency, multiple inherited thrombophilias such as compound heterozygosity for factor V Leiden/prothrombin gene mutation G20210A)
☐ Heparin induced thrombocytopenia
☐ Indwelling central venous catheter
☐ Laboratory evidence of coagulopathy (otherwise unexplained prolonged PT, prolonged aPTT or abnormal INR, elevated D-dimer, abnormal fibrinogen)
☐ Obesity

→ **If Yes, BMI category:**

O BMI not known O 30-39.9 O 40-49.9 O >50

→ **If Yes, enter actual body weight (kg):** _____ ☐ Not known

→ **Indicate whether the patient was receiving <u>antiplatelet therapy</u> at the time of COVID-19-associated VTE:**

O No antiplatelet therapy O Single agent antiplatelet therapy O Dual antiplatelet therapy

→ **Indicate whether was the patient was receiving any of the following treatments *at the time of VTE diagnosis*:**

O No O Yes

→ **If Yes, indicate type:**

O No anticoagulant or mechanical thromboprophylaxis
O Mechanical thromboprophylaxis only (e.g. intermittent pneumatic compression)
O Anticoagulation (with or without mechanical thromboprophylaxis)

→ **If Yes, indicate the type and dose of anticoagulant used:**

O Low molecular weight heparin → **If Yes, indicate dose intensity:**

O Standard prophylactic dose O Intermediate dose
O Weight-adjusted prophylactic dose O Therapeutic dose

O Unfractionated heparin (intravenous)

O Unfractionated heparin (subcutaneous) → **If Yes, indicate dose intensity:**
O low dose (5000 units every 8 or 12 hours)
O therapeutic dose

O fondaparinux → **If Yes, indicate dose intensity:**
O Low dose (2.5 mg once daily)
O Intermediate dose (intermediate between low dose and therapeutic dose)
O Therapeutic dose (5 mg for weight <50 kg, 7.5 mg for weight 50 to 100 kg, 10 mg for weight >100 kg)

O apixaban → **If Yes, indicate dose:**
O 2.5 mg twice daily O 5 mg twice daily O 10 mg twice daily

O rivaroxaban → **If Yes, indicate dose:**
O 20 mg once daily O 10 mg once daily O 15 mg once daily
O 2.5 mg twice daily O 15 mg twice daily

O edoxaban → **If Yes, indicate dose:**
O 30 mg once daily O 60 mg once daily

O dabigatran → **If Yes, indicate dose**:
O 75 mg twice daily O 110 mg twice daily O 150 mg twice daily

O Betrixaban

O warfarin → **If Yes, indicate target therapeutic range:**
O INR 1.5 to 2.5 O INR 2 to 3 O INR 2.5 to 3.5

O Unknown

O Other

**Diagnosis of VTE**

O Objectively confirmed → If **Yes:**

O PE → ☐ CT pulmonary angiogram
☐ Other type of CT (e.g. CT chest, CT abdomen/pelvis)
☐ Ventilation-Perfusion scan (V/Q scan)
☐ MRI

O DVT → ☐ Compression ultrasound without doppler
☐ Compression ultrasound with doppler
☐ Point of care ultrasound
☐ CT
☐ MRI

O Clinical/Empirical diagnosis only

→ **If Yes, indicate reason(s) objective confirmation not done:**

O Unable to obtain imaging due to clinical status of patient (e.g. hemodynamically unstable)
O Unable to obtain imaging due to resource limitations (e.g. timely imaging not available)
O Unable to obtain imaging due to need for patient isolation
O Unknown
O Other

**Type of Venous Thromboembolism (VTE)**

☐ Deep vein thrombosis (DVT)

→ **If Yes, select all that apply:**

☐ Lower extremity DVT

→ **If Yes, select the most proximal involved veins:**

O Proximal veins (popliteal or more proximal veins) O Calf veins (trifurcation or more distal veins)

O Unknown

→**If Yes, Associated with central venous catheter (e.g. femoral dialysis line)?**

O Yes O No O Unknown

☐ Upper extremity/neck DVT → **If Yes, associated with central venous catheter?**

O Yes O No O Unknown

☐ Unusual site DVT (e.g. splanchnic, cerebral)

☐ Pulmonary embolism (PE) → **If Yes, indicate most proximal pulmonary arteries involved (choose one)**

O Subsegmental pulmonary arteries only

O Segmental or larger pulmonary artery → **If Yes, select one of the following outcomes**:

O Non-fatal PE O Fatal PE O Death – other cause O Death - unknown if PE related

O Unknown (i.e. presumed PE due to inability to obtain imaging and based on clinical presentation and ancillary tests e.g. echocardiogram)

☐ Thrombosis of dialysis circuit (e.g. continuous renal replacement therapy filter) or ECMO

**Laboratory Tests Assessing Venous Thromboembolism (VTE)**

| Test | On admission (or first measured) | At time of VTE Diagnosis |
|---|---|---|
| **Prothrombin Time (PT)** | O Not measured O Normal<br>O Prolonged<br>→**If Yes, indicate degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec | O Not measured O Normal<br>O Prolonged<br>→**If Yes, indicate degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O >6 sec |
| **INR** | O Not measured<br>O Normal<br>O Elevated (otherwise unexplained)<br>→ **If Yes, indicate level**:_____<br>O Elevated in the presence of VKA, known vitamin K deficiency, coagulopathy of chronic liver disease, trauma, massive transfusion | O Not measured<br>O Normal<br>O Elevated (otherwise unexplained)<br>→ **If Yes, indicate level**:_____<br>O Elevated in the presence of VKA, known vitamin K deficiency, coagulopathy of chronic liver disease, trauma, massive transfusion |
| **Partial thromboplastin time (aPTT)** | O Not measured O Normal<br>O Prolonged →**If Yes, indicate longest degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O > 6 sec | O Not measured O Normal<br>O Prolonged →**If Yes, indicate longest degree of prolongation:**<br>O < 3 sec O 3 – 6 sec O > 6 sec |
| **Fibrinogen** | O Not measured<br>O Measured → **Indicate level:** _____<br>→ **Indicate units:**<br>O g/L O mg/dL | O Not measured<br>O Measured → **Indicate level:** _____<br>→ **Indicate units:**<br>O g/L O mg/dL |
| **D-dimer** | O Not measured<br>O Measured→ I**s the type of D-dimer assay known?**<br>O No → **Indicate level of D-dimer relative to cut off value**:<br>O below lab cut off<br>O 1 - 1.9X cut off value<br>O 2 - 2.9X cut off value<br>O 3 - 3.9X cut off value<br>O 4 - 4.9X cut off value<br>O 5 - 5.9X cut off value | O Not measured<br>O Measured→ I**s the type of D-dimer assay known?**<br>O No → **Indicate level of D-dimer relative to cut off value**:<br>O below lab cut off<br>O 1 - 1.9X cut off value<br>O 2 - 2.9X cut off value<br>O 3 - 3.9X cut off value<br>O 4 - 4.9X cut off value<br>O 5 - 5.9X cut off value |

| | | |
|---|---|---|
| | O 6 - 6.9X cut off value<br>O 7 - 7.9X cut off value<br>O 8 - 8.9X cut off value<br>O 9 - 9.9X cut off value<br>O ≥ 10X cut off value<br>O > upper limit of quantitation<br>→ I**ndicate upper limit: ____**<br>O Yes → **Indicate D-dimer assay used at institution:**<br>O IL HemosIL D-dimer<br>O IL HemosIL D-dimer HS<br>O IL HemosILD-dimer HS500<br>O Radiometer AQT90 Flex<br>O Siemens Innovance<br>O Siemens Acute Care<br>O Stago/Roche Liatest D-dimer<br>O Stago Liatest D-dimer Plus<br>O Roche Cardiac Reader DD test<br>O RocheTinaquant 2nd gen<br>O BioMerieux Vidas<br>O Diagon Dia-D-Dimer<br>O Beckman Coulter D-Dimer<br>O Diagnostica STA Liatest<br>O Other<br>→ **Enter initial D-dimer value: ___** | O 6 - 6.9X cut off value<br>O 7 - 7.9X cut off value<br>O 8 - 8.9X cut off value<br>O 9 - 9.9X cut off value<br>O ≥ 10X cut off value<br>O > upper limit of quantitation<br>→ I**ndicate upper limit: ____**<br>O Yes → **Indicate D-dimer assay used at institution:**<br>O IL HemosIL D-dimer<br>O IL HemosIL D-dimer HS<br>O IL HemosILD-dimer HS500<br>O Radiometer AQT90 Flex<br>O Siemens Innovance<br>O Siemens Acute Care<br>O Stago/Roche Liatest D-dimer<br>O Stago Liatest D-dimer Plus<br>O Roche Cardiac Reader DD test<br>O RocheTinaquant 2nd gen<br>O BioMerieux Vidas<br>O Diagon Dia-D-Dimer<br>O Beckman Coulter D-Dimer<br>O Diagnostica STA Liatest<br>O Other<br>→ **Enter D-dimer value: ___** |
| **Platelet count** | _____x $10^9$/L | _____x $10^9$/L |

**Anticoagulant Treatment of Acute VTE:**

☐ Low molecular weight heparin → **If Yes, indicate dose intensity:**

O Standard prophylactic dose O Weight-based prophylactic dose
O Intermediate dose O Therapeutic dose

☐ Unfractionated heparin (intravenous) → **If Yes, indicate dose intensity:**

O Low dose protocol O High dose protocol O Unknown

☐ Unfractionated heparin (subcutaneous) → **If Yes, indicate dose intensity:**

O Low dose (5000 units every 8 or 12 hours)
O Therapeutic dose (e.g. initial dose 333 U/kg then 250 U/kg every 12 hrs)

☐ fondaparinux → **If Yes, indicate dose intensity:**

O Low dose (2.5 mg once daily)
O Intermediate dose (intermediate between low dose and therapeutic dose)
O Therapeutic dose (5 mg for weight <50 kg, 7.5 mg for weight 50 to 100 kg, 10 mg for weight >100 kg)

☐ apixaban → **If Yes, indicate dose:**

O 2.5 mg twice daily O 5 mg twice daily
O 10 mg twice daily x 7 days then 5 mg twice daily

☐ rivaroxaban → **If Yes, indicate dose:**

O 10 mg once daily O 15 mg once daily O 20 mg once daily
O 2.5 mg twice daily O 15 mg twice daily

☐ edoxaban → **If Yes, indicate dose:** O 30 mg once daily O 60 mg once daily

→ **If Yes, therapeutic LMWH of heparin given for 5-10 days before edoxaban started?** O Yes O No

☐ dabigatran → **If Yes, indicate dose**:

O 75 mg twice daily O 110 mg twice daily O 150 mg twice daily

→ **If Yes, therapeutic LMWH of heparin given for 5-10 days before dabigatran started?** O Yes O No

☐ warfarin preceded by therapeutic LMWH → **If Yes, indicate target therapeutic range:**

O INR 1.5 to 2.5 O INR 2 to 3 O INR 2.5 to 3.5

☐ Unknown

☐ Other

**Additional Interventions for VTE:**

☐ Thrombolysis – systemic → **If Yes, indicate dose:**

O TPA 50 mg O TPA 100 mg O Other O Unknown

☐ Thrombolysis – catheter-directed ☐ Mechanical thrombectomy ☐ ECMO

☐ Inferior vena cava filter insertion ☐ Other ☐ Unknown

**Bleeding Complications**

**Did the patient experience clinically relevant non-major bleeding or major bleeding (defined below) while receiving anticoagulant treatment for this VTE event (choose one)?**

O Unknown

O No

O Clinically relevant non-major bleeding (ISTH) (defined as any sign of symptom of bleeding that does not fit the criteria for the ISTH definition of major bleeding but does meet at least one of the following criteria):

☐ Required medical intervention by a healthcare professional

☐ Lead to hospitalization or increased level of care

☐ Prompted a face to face (i.e., not just a telephone or electronic communication) evaluation

O Major bleeding (ISTH) (defined as symptomatic bleeding and at least one of the following):

☐ Fatal bleeding

☐ Bleeding in a critical area or organ, such as intracranial, intraspinal, intraocular, retroperitoneal, intra-articular or pericardial, or intramuscular with compartment syndrome

☐ Bleeding causing a fall in hemoglobin level of 20 g/L (2 g/dL or 1.24 mmol/L) or more, or leading to transfusion of two or more units of whole blood or red cells

☐ **Inflammatory Markers**

**Please indicate whether any of the following were present:**

☐ Fever >38.5C → **If Yes**, **indicate timing**: O Timing unknown

O Before or at diagnosis of COVID-19 →**Number of days:** _____

O After diagnosis →**Number of days:** _____

☐ Organomegaly

☐ Cytopenias → **If Yes:** ☐Hemoglobin < 9 g/dL (< 90 g/L) ☐Platelet count < 100 x $10^9$/L ☐ ANC <1.0

☐ Triglyceride >3 mmol/L (>265 mg/dL)

☐ Fibrinogen < 1.5 g/L (<150 mg/dL)

☐ Ferritin > 500 ug/L (> 500 ng/mL) → **If Yes, indicate peak ferritin: _____**

☐ sCD25 (SIL2-R) > 2400u/mL

☐ Hemophagocytosis

☐ SGOT/AST above normal range

**Were any immune-modulatory treatments given?**

O No O Yes O Unknown

→ **If Yes, please select all that apply:**

☐ tocilizumab ☐ ruxolitinib ☐ corticosteroids ☐ etoposide

☐ siltuxumab ☐ IVIG ☐ Other

→**If Yes, please indicate whether treatments were given as part of a research protocol:**

O No O Yes O Unknown

**Cytopenias (at any time):**

☐ No cytopenias present ☐ Neutropenia → ☐ ANC <0.5 x$10^9$/L ☐ ANC <1.0 x$10^9$/L

☐ Absolute lymphocyte count <0.1 x$10^9$/L ☐ Thrombocytopenia → ☐ < 20x$10^9$/L ☐ < 100x$10^9$/L

☐ Platelet count < 20x$10^9$/L

☐ Hemoglobin < 9 g/dL (<90 g/L) → **Was there laboratory evidence of hemolysis present?**

O No evidence of hemolysis O Reticulocytosis

O Elevated LDH O Elevated bilirubin (unconjugated)

O Warm autoantibody O Cold autoantibody

O Free hemoglobin (plasma) O Low haptoglobin

O Heme-hemopexin O Methemalbumin

O Alloantibody O Other

O Red blood cell fragments (schistocytes) on peripheral blood film

**Cytokine Levels**

O Not measured O Yes → **If Yes, indicate all cytokines measured from the list below:**

**IL-1B:** O Not measured O Normal O Elevated → **Level**: _____ pg/mL Lower limit of reference range: __ pg/mL

**IL-6:** O Not measured O Normal O Elevated → **Level**: _____ pg/mL Lower limit of reference range: __ pg/mL

**TNFa:** O Not measured O Normal O Elevated → **Level**: _____ pg/mL Lower limit of reference range: __ pg/mL

**IFNg:** O Not measured O Normal O Elevated → **Level**: _____ pg/mL Lower limit of reference range: __ pg/mL

**IL-1:** O Not measured O Normal O Elevated → **Level**: _____ pg/mL Lower limit of reference range: __ pg/mL