

Hospital Set-Up Questionnaire

PLEASE COMPLETE THE FOLLOWING INFORMATION AND FAX TO:

**ATTENTION: LOUISE PHILLIPS
HAEMOSTASIS REGISTRY
DEPARTMENT OF EPIDEMIOLOGY & PREVENTIVE MEDICINE
MONASH UNIVERSITY**

FAX NO: 03 9903 0576

Hospital Set-Up Questionnaire

Hospital Information

Hospital:		
Contact Person:		
Position / Title:		
Department:		
Phone Number/s:		
Fax Number:		
Email:		

Protocol

Does this hospital have a protocol for determining appropriate use of rFVIIa? No Yes If yes, please attach a copy

Clinical Trials

Is this hospital involved in any clinical trials of rFVIIa? No Yes

- | | |
|--|---|
| <input type="checkbox"/> CONTROL (Trauma) | <input type="checkbox"/> "Salvage Use" in Complex Cardiac Surgery |
| <input type="checkbox"/> Acute Intercerebral Haemorrhage (Phase III) | <input type="checkbox"/> Other _____ |

Blood and Blood Products

- A unit or dose of various blood products may differ from hospital to hospital and, particularly, from State to State within Australia.
- Please consult with your hospital Blood Bank before carefully completing the following information

In this Hospital:

Packed Cells	1 Unit/dose = 230-300.ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m	
FFP	1 Unit/dose = 300 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m	
Cryoprecipitate	1 Unit/dose = 10-40.ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m	
Platelets	- single	1 Unit/dose = 40-60 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m
	- apheresis	1 unit/dose – 100-150 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m
	-pooled	1 unit/dose = 160-200 ml	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usual dose	<input style="width: 50px;" type="text"/> m