Follow-up

TORADI-HIT: FOLLOW UP FOR PATIENT

Please provide the follow up information for patient [pid].

Time point of follow-up __________________________________
(date, min=01-12-2017, max=31-12-2020)

Name of investigator _______________________________________

Email address of investigator ________________________________

Was heparin stopped and alternative anticoagulant started?

- No
- No, heparin stopped only
- Yes
- Unknown

Which anticoagulant was started?

- Argatroban
- Bivalirudin
- Desirudin
- Danaparoid
- Fondaparinux
- Rivaroxaban
- Apixaban
- Edoxaban
- Dabigatran
- Others

Which drug was used? _______________________________________

Which dosage was chosen?

- Therapeutic dosage
- Intermediate dosage
- Prophylactic dosage

If alternative anticoagulant was stopped already, what was the time-point?
(date, min=01-12-2017, max=31-12-2020)

Was intravenous immunoglobulin (IVIg) given?

- Yes
- No

Which dose? _______________________________________________

Platelet count at follow-up [10^9/L] (integer; min=0, max=2000)

Was a recovery of the platelet count recorded?

- No
- Yes, but lower than 50% increase
- Yes, more than 50% increase or above 100 G/L
- Unknown

D-dimers at follow-up [µg/L] or [ng/mL] (integer; min=0, max=80000)

Was patient intentionally re-exposed to heparin (UFH; LMWH)?

- Yes
- No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Did patient experienced recurrent thromboembolism (since diagnosis)?    | ○ No  
○ Yes, venous thromboembolism  
○ Yes, arterial thromboembolism  
○ Probably but not proven  
○ Unknown                                                                 |
| Did the patient experience bleeding events (since diagnosis)?            | ○ No  
○ Yes, minor bleedings  
○ Yes, major bleedings  
○ Unknown                                                                 |
| Patient died?                                                            | ○ No  
○ Yes, due to thromboembolism  
○ Yes, due to bleedings  
○ Yes, due to other HIT-related complications  
○ Yes, due to other reasons  
○ Yes, unknown cause |