



Nplate™ (romiplostim) NEXUS Program: Thrombotic/thromboembolic Complications

1. Patient Information			
Initials: _____	NEXUS Program ID: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____ (MM/DD/YY)
2. Nplate™ Administration Information			
Nplate™ Start Date: ____/____/____ (MM/DD/YY)	Nplate™ Stop Date: ____/____/____ <input type="checkbox"/> N/A ¹	Latest/last Dose Received: _____ µg/kg	Platelet Counts: Prior to initiation of Nplate™ therapy: _____ (x 10 ⁹ /L) At Time of Event: _____ (x 10 ⁹ /L) After Event: _____ (x 10 ⁹ /L)
3. Safety Information			
Event:			
Serious Event ² : <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Event: ____/____/____ (MM/DD/YY)	
If serious, please document the reason for seriousness:		<input type="checkbox"/> Death <input type="checkbox"/> Life-threatening	
<input type="checkbox"/> Hospitalization - initial or prolonged		<input type="checkbox"/> Congenital anomaly/birth defect	
<input type="checkbox"/> Persistent or significant disability/incapacity		<input type="checkbox"/> Other (<i>important medical events</i>) _____	
Outcome of Event: <input type="checkbox"/> Resolved <input type="checkbox"/> Resolving/recovering <input type="checkbox"/> Resolved with sequelae <input type="checkbox"/> Not resolved			
Action Taken:			
Concomitant Medications: <input type="checkbox"/> None			
Medical History:			
Radiographic Findings: (Please send full report)			
4. Reporter Information			
	Prescriber Name/Title (Print)	NEXUS Program ID # (found on enrollment confirmation fax)	Date of report: ____/____/____ (MM/DD/YY)
<input type="checkbox"/> NEXUS Specialist			Signature _____
<input type="checkbox"/> Healthcare Provider			
<input type="checkbox"/> Institution			
<p>Please fax the completed form to the Nplate™ NEXUS Program 1-877-675-2830</p> <p>If you have questions, please contact the Nplate™ NEXUS Program at 1-877-675-2831</p>			

¹N/A : Not Applicable ²An adverse event is SERIOUS (SAE) when the patient outcome is: 1) Death – 2) Life threatening – 3) Hospitalization – initial or prolonged – 4) Significant disability/incapacity 5) Congenital anomaly/birth defect - 6) Other (important medical events)