

## TTS: Combined table of suggested information collection on TTS Cases v 2.3 May 16, 2021

	VARIABLE category	Specifics
1	PERSONAL INFORMATION	Name, Occupation, race/ethnicity, name, health ID number, telephone, email, country, region,
2	BIOLOGIC SEX	Male, female,
3	AGE	Birthdate (DD-MMM-YYYY), OR age in years
4	SYMPTOM ONSET (DATE OR INTERVAL)	Date of symptom onset & date of admission (DD-MMM-YYYY)
5	SYMPTOMS	Symptoms experienced by time of diagnosis (check all that apply): Headache Nausea/vomiting, abdominal pain Blurred vision/transient visual obscurations Diplopia Seizure Other cranial nerve involvement Focal weakness Sensory deficit Mental status change/encephalopathy Depressed level of consciousness
6	SITE	Site of Thrombosis (select all that apply): Cerebral venous Splanchnic (incl. hepatic portal) PE DVT Arterial Other None of the above If Arterial / other: please specify: _____
7	VACCINE RECEIVED	Vaccine type: Pfizer/BioNTech

		<p>Moderna AstraZeneca Janseen Other (specify): <b>list to be expanded</b></p> <p>Date of first dose (DD-MMM-YYYY):      Date of 2<sup>nd</sup> dose (DD-MMM-YYYY or N/A) Lot number Second dose vaccine brand different than first dose (Yes/No); if Yes, list vaccine brand for second dose as well _____</p>
8	COVID-19 DISEASE HISTORY	<p>History of COVID-19 infection: Yes, definite (confirmed with testing) Yes, probable (symptoms typical of COVID-19 but not confirmed with testing) Yes, possible (illness possibly in keeping with COVID-19 but less certain given history and not confirmed with testing) No Unable to determine (If any of “Yes” options, specify how diagnosis was confirmed, whether convalescence was at home, required inpatient hospitalization, or required inpatient hospitalization with critical care)</p> <p>Has the vaccine recipient had a positive PCR for SARS-CoV-2 and/or serum antibody nucleocapsid (N) test to SARS-CoV-2? (need to specify) prior to diagnosis/symptom onset? No Yes, in the last 30 days Yes, in the last 30-90 days Yes, in the last 3-6 months Yes, more than 6 months ago Unknown</p>
9.1	HISTORY OF THROMBOSIS	<p><b><u>Patient history</u></b> of venous thromboembolism or arterial thromboembolism? Specify site. Yes, definite (confirmatory medical documentation)</p>

		<p>Yes, probable (history likely based on description but no confirmatory documentation)  Yes, possible (history uncertain based on description and no confirmatory documentation)  No  Unable to determine  (If any of “Yes” options, specify date (DD-MMM-YYYY) and anatomical site of thrombosis (check all that apply):  Cerebral vein thrombosis  Portal vein/splanchnic vein thrombosis  Leg deep vein thrombosis (DVT)  Arm DVT  Pulmonary embolism  Acute coronary syndrome  Acute arterial clot  Stroke</p> <p><b>Family history</b> of venous thromboembolism?  Yes, definite (confirmatory medical documentation or known genetic condition)  Yes, probable (history likely based on description but no confirmatory documentation)  Yes, possible (history uncertain based on description and no confirmatory documentation)  No  Unable to determine  (If any of “Yes” options, specify approximate date unfractionated or LMWH type (if known), and indication)</p>
9.2	HISTORY OF THROMBOCYTOPENIA	<p>Past history of thrombocytopenia? Specify type and estimated dates (MMM-YYYY)  Heparin induced thrombocytopenia (HIT)  Due to malignancy?  ITP?</p>

		Other (specify)
9.3	HEPARIN/LMWH EXPOSURE	<p>Previous history of heparin/LMWH exposure?</p> <p>Yes, definite (confirmatory medical documentation)</p> <p>Yes, probable (history likely based on description but no confirmatory documentation)</p> <p>Yes, possible (history uncertain based on description and no confirmatory documentation)</p> <p>No</p> <p>Unable to determine</p> <p>(If any of "Yes" options, specify approximate date [MMM-YYYY], unfractionated or LMWH type (if known), and indication)</p>
9.4	HISTORY OF AUTOIMMUNE DISEASE	<p>History of autoimmune/connective tissue disease? Check all that apply:</p> <p>Inflammatory bowel disease</p> <p>Antiphospholipid antibody syndrome (APLAS)</p> <p>Lupus without APLAS</p> <p>Yes, other (specify diagnosis)</p> <p>Possible (specify details)</p> <p>No</p> <p>Unable to determine</p>
9.5	HISTORY OF MALIGNANCY	<p>Cancer (does not include non-malignant skin cancer)</p> <p>Yes, active</p> <p>Yes, in remission</p> <p>Uncertain, investigations ongoing</p> <p>No</p> <p>Unable to determine</p> <p>(If any of "Yes" options, specify approximate date [MMM-YYYY], chemotherapy/surgery/radiotherapy treatment [specify chemotherapy regimen if active cancer])</p>
9.6	OTHER HISTORY	Other relevant past medical history
10	RISK FACTORS	<p>Any of the following risk factors for thrombosis apparent?</p> <p>Active malignancy (or history to suggest)</p>

		<p>Intracranial infection, recent CNS trauma</p> <p>Surgical intervention</p> <p>Significant dehydration</p> <p>Weight/ height (BMI)</p> <p>Prothrombotic risk: antithrombin, protein C or S deficiency, systemic inflammatory diseases, antiphospholipid syndrome, acquired prothrombotic states (including nephrotic syndrome)</p> <p>Pregnancy history or number of weeks gestation if pregnant</p> <p>Recently post partum (&lt; 6 mo) If yes, number of weeks</p> <p>Contraceptive use (females) If yes, type</p> <p>Hormone replacement therapy within 6 mo</p> <p>Recent dehydration (&lt; 7 days)</p> <p>Recent surgery If yes, type and date (DD-MMM-YYYY)</p> <p>Recent long haul flight</p> <p>- Liver disease (relevant for portal vein thrombosis)Alcohol or drug use history</p>
11	MEDICATIONS	<p>List of all medications, vitamins, supplements at time of diagnosis</p> <p>Other vaccinations received in last 4 weeks</p>
12	TREATMENT	<p>Check all forms of treatment used:</p> <p>Heparin (specify type)</p> <p>Other Anti-coagulation If yes, specify</p> <p>IVIG</p> <p>Platelets</p> <p>Other (e.g., steroids)</p> <p>[THANZ management guideline: <a href="https://www.thanz.org.au/resources/covid-19">https://www.thanz.org.au/resources/covid-19</a>]</p>

13	LABORATORY TESTING	<p>Has serum/plasma been sent for PF4 antibodies? If yes, date, testing site and results</p> <p>Functional Ab testing? If yes, date and results</p> <p>Platelet count (<math>\times 10^9/L</math>)</p> <p>At presentation:</p> <p>Lowest recorded during admission:</p> <p>Historical platelet count (pre vaccination) – date and result</p> <p>Blood film results [might be important as platelet clumping can confound the thrombocytopenia. We've found it is also relevant in terms of assessing thrombocytopenia against Brighton collaboration criteria as to meet level 1 thrombocytopenia under Brighton – case has to show platelets less than 150 and blood smear confirmation. Level 2 thrombocytopenia is platelets less than 150 but no blood smear confirmation (which most of our cases have been because none to date have provided blood smear information). Might not have much practical impact but for your consideration]</p> <p>For the following, specify date and result:</p> <p>Prothrombin time</p> <p>APTT</p> <p>TCT</p> <p>Fibrinogen (Clauss assay)</p> <p>D-dimers</p> <p>Other relevant testing?</p> <p>Antiphospholipid antibody: positivePositive/Negative/Unknown</p> <p>Thrombophilia screen</p> <p>Positive: if positive, please provide specific details (e.g., Factor V Leiden positive)</p> <p>Negative/Unknown</p>
14	DIAGNOSIS / IMAGING STUDIES	<p>Which imaging studies were performed to make or confirm the diagnosis of thrombosis? (Check all that apply with dates and results)</p> <p>CT</p> <p>CT with contrast</p> <p>MRI</p>

		<p>MRI with contrast  Venogram  Ultrasound  CTPA  VQ scan</p> <p>For CVST:  Neuroimaging at diagnosis  CTV  MRV  DSA  Other (specify)</p> <p>Sinuses/veins involved and degree of occlusion (complete/partial)  Hemorrhage? If yes, check all that apply, specify location  HI1  HI2  PH1  PH2  Subarachnoid  Subdural  No</p> <p>Non-hemorrhagic parenchymal change?  Yes (specify location; if on MR specify if restricting or non-restricting on  DWI/ADC)  No</p> <p>Pathology (specify if at autopsy) with result and date</p>
15	HOSPITAL COURSE	<p>Hospital admission?  Yes  Date of admission (DD-MMM-YYYY)  Discharge disposition (DD-MMM-YYYY)</p>

		<p>Own home  Family member or caregiver's home  Home with home care/early supported discharge/outpatient rehab  Long-term care centre/skilled nursing facility  Inpatient rehabilitation centre  Death  Transferred to another facility, disposition unknown  No, outpatient treatment only following diagnosis</p>
16	FOLLOW UP / OUTCOME	<p><b><u>90-day follow-up</u></b>  mRS  Ongoing neurological issues (i.e., worse than pre-thrombosis baseline)? [yes/no] If yes, check all that apply]:  Headache  Vision loss  Seizures  Motor deficits  Dysphasia  Cognitive complaints  Fatigue  Mood issues  Other (specify)  Other non-neurologic symptomatology</p> <p>Current medications  Readmissions  Medical events not requiring admission to hospital (can include emergency room assessments without admission)  New information regarding hypercoagulability workup or other precipitants (specify):  Follow-up imaging?</p> <p><b><u>180-day follow-up</u></b></p>

		<p>mRS Current medications Readmissions Medical events not requiring admission to hospital New information regarding hypercoagulability workup or other precipitants (specify) Follow-up imaging? Hypercoagulable state (if resulted or performed following 90-day visit):</p> <p><b><u>365-day follow-up</u></b></p> <p>mRS Current medications Readmissions Medical events not requiring admission to hospital New information regarding hypercoagulability workup or other precipitants (specify) Follow-up imaging? Hypercoagulable state (if resulted or performed following 180-day visit):</p> <p>OUTCOME AT FINAL ENCOUNTER VISIT (specify date): Recovered completely Went home, still symptomatic Still in hospital Death</p>
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