

VALIDATION FORM: DEEP VEIN THROMBOSIS and / or PULMONARY EMBOLISM

Study No:	
Name:	
Address:	
DOB:	
NHS:	

Dear Doctor,

Thank you for supplying information on the above patient who took part in the British Regional Heart Study. We are seeking further information about diagnoses of a Deep Vein Thrombosis and / or Pulmonary Embolism that have occurred since the re-examination 1998-2000, particularly to take account of the results of investigations performed.

We note from our records that this patient has had a diagnosis of Deep Vein Thrombosis and / or Pulmonary Embolism and would be most grateful if you could complete the enclosed brief enquiry to provide documentation for our records, **or send us a photocopy of the hospital letter or discharge summary.**

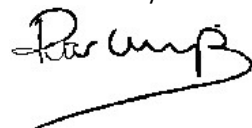
This information is will be very helpful for the validation of our case criteria.

RE: DEEP VEIN THROMBOSIS	Date of Diagnosis: _____
1 Was the deep venous thrombosis investigated by	Yes No
Duplex ultrasound scan	<input type="checkbox"/> <input type="checkbox"/>
Venogram	<input type="checkbox"/> <input type="checkbox"/>
D-dimer test	<input type="checkbox"/> <input type="checkbox"/>
2 Did the results of the test show evidence of DVT?	
Duplex ultrasound scan	<input type="checkbox"/> <input type="checkbox"/>
Venogram	<input type="checkbox"/> <input type="checkbox"/>
D-dimer test	<input type="checkbox"/> <input type="checkbox"/>
3 What was the D dimer result (if available) _____	

RE: PULMONARY EMBOLISM	Date of Diagnosis: _____
1 Was the Pulmonary Embolism investigated by	Yes No
Ventilation-perfusion scan	<input type="checkbox"/> <input type="checkbox"/>
CT scan	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary angiogram	<input type="checkbox"/> <input type="checkbox"/>
D-dimer test	<input type="checkbox"/> <input type="checkbox"/>
2 Did the results of the test show evidence of PE?	
Ventilation-perfusion scan	<input type="checkbox"/> <input type="checkbox"/>
CT scan	<input type="checkbox"/> <input type="checkbox"/>
Pulmonary angiogram	<input type="checkbox"/> <input type="checkbox"/>
D-dimer test	<input type="checkbox"/> <input type="checkbox"/>
3. What was the D dimer result (if available) _____	

We are extremely grateful for the co-operation we have received from so many GPs and hope to provide valuable information for the treatment and prevention of cardiovascular disease in the future.

Yours sincerely



Prof Peter H Whincup
Professor of cardiovascular Epidemiology