

Eligibility Form
Bleeding Disorder Collaborative Study
Comparison of Ideal vs. Actual Weight Base Factor Dosing

Subject ID: _____ Date of Enrollment: _____

Age: _____ years Diagnosis: _____ BMI: _____

Checklist:

Subject is male: Yes _____ No _____

Subject is at least 12 years old: Yes _____ No _____

Subject has a Hemophilia A Diagnosis: Yes _____ No _____

BMI Overweight or Obese: Yes _____ No _____

Subject does not currently have a bleed: Yes _____ No _____

Form filled out by: _____

Signature: _____

Date Filled Out: _____