

- SIC-Reg IC¹
- (PARC-ITP IC)*
- Gmail Cal*

Patient Sic-Reg ID# | Dg.

Time point in study	Inclusion# TP1	6m TP2	12m TP3	24m TP4	36m TP5	48m TP6
Date .....	.....	.....	.....	.....	.....	.....
Disease state ⁵ .....	.....	.....	.....	.....	.....	.....
	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.² 	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.² 	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.² 	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.² 	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.² 	<ul style="list-style-type: none"> ○ Routine lab¹ ○ FACS + sen.²
	<ul style="list-style-type: none"> ○ Stool³ ○ Stool family member³ 	<ul style="list-style-type: none"> ○ Stool³ 	<ul style="list-style-type: none"> ○ Stool³ 			
	<ul style="list-style-type: none"> ○ Cells Graz deep FACS⁴ ○ (sc-RNAseq)⁵ 	<ul style="list-style-type: none"> ○ Cells Graz deep FACS⁴ 	<ul style="list-style-type: none"> ○ Cells Graz deep FACS⁴ 			
	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered* 	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered* 	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered* 	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered* 	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered* 	<ul style="list-style-type: none"> ○ CRF⁶ ○ PARC-ITP sent* ○ sen. entered*

* as of 2020: Graz patients only; PARC-ITP, ICIS study on chronic ITP; Cal, calendar; #, AIHA and Evans Sy. from first manifestation, ITP at ≥6 months after first manifestation (=only persisting or chronic ITP are included);
⁵, AD, active disease (newly diagnosed or flare/relapse); CR, complete remission; PR, partial remission; NR, no remission [see response criteria in treatment CRF for definitions];
¹, done locally; IC, informed consent;
², done locally, or sent to Graz overnight; sen., senescence;
³, in DNA stabilizer vial, sent overnight or cryopreserved -20° for bulk shipment to Graz;
⁴, sent to Graz overnight (to arrive Mo-Thu morning!, please preannounce: office@sic-reg.org);
⁵, not yet available; sc-RNAseq, single cell transcriptome profiling (protein and RNA);
⁶, CRF, case record form; filled locally and emailed to Graz;
²⁻⁶, indicate ID# only on vials and CRF (no name).

1 Routine lab parameters and research²⁻⁵

All time points (TP_1-6) Routine lab + routine FACS:

- Routine Lab (Graz: BB, L1):
 - CBC+ differential + reticulocytes and immature platelet fraction
 - Chemistry incl. liver, kidney, inflammation, e'lytes, ferritin
- FACS: T+B+Senescence Panels (4.5mL EDTA)

Only first time point (TP_01), but repeat at TP_02-06 if abnormal:

- Coombs test (direct and indirect), anti-platelet-Ab's
 - + Blood group at first time point
 - + anti-granulocyte Ab's if AIN suspected
- Haptoglobin, VitB12, Folic acid, Vit.D3
- Urine test strip + sediment
- Coagulation (aPTT, PT)
- TSH, fT4 (incl. Ab's if pathol.)
- IgG,A,M,E, IgG-Subclasses; Ab's against vaccination Ag's (Di, Tet, Pneumo, HiB, ...)
- ANA, ENA, anti-dsDNA-Ab's, Cardiolipin, b2-GP Ab's, + other autoantibodies if symptomatic
- C3, C4, CH50/AH50 (CP50/AP50)
- Infectiology if symptomatic (blood, urine, stool; virus serology, PCR, Helicobacter, Campylobacter,...)

Only first 3 time points (TP_1-3):

- Children ≥6 years only:
 - Cells (4.5-9mL Li-Hep, CBmed): for deep immune phenotype, please send to Graz, will be picked up (call - 28806) without name or form

- [not yet available; all children at TP_1; Graz patients only: 2.5-4.5mL EDTA for sorting and scRNAseq) - will be picked up call-28806]

- Stool (strattec stool DNA vial, Patho Prof. Gorkiewicz):
 - at time point 1: patient + one healthy family member [anonymized, named "household control"]
 - time points 2 & 3: only patient