



**Australian Government**

**Department of Veterans' Affairs**

## Medical Report - Haematological Disorder Associated with a Hypercoagulable State

The information you provide on this form will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

### ***Veteran's Details***

**Surname**

**Given Names**

**DVA File Number**

### ***Report Detail***

A claim for service related compensation in respect of the above named leads the Department to consider whether a haematological disorder that is also associated with a hypercoagulable state could be relevant to the development of (\_\_\_\_\_) in this case. Would you please answer the following questions:

1. When was the clinical onset of (\_\_\_\_\_)?...../...../.....
2. If any of the following conditions apply to the veteran, please provide the requested details.

Condition	Diagnosis (if appropriate)	Date of onset	Date of remission or cure (if appropriate)	
<input type="checkbox"/> Antiphospholipid antibody syndrome		/ /	/ /	
<input type="checkbox"/> Disseminated intravascular coagulation		/ /	/ /	
<input type="checkbox"/> Heparin-induced thrombocytopenia and thrombosis		/ /	/ /	
<input type="checkbox"/> Hyperproteinaemia		/ /	/ /	
<input type="checkbox"/> Hyperviscosity syndrome				

Condition		Diagnosis (if appropriate)	Date of onset	Date of remission or cure (if appropriate)	
<input type="checkbox"/>	Inherited coagulation protein disorders associated with hypercoagulability		/ /	/ /	
<input type="checkbox"/>	Myeloproliferative disease		/ /	/ /	
<input type="checkbox"/>	Primary or secondary polycythaemia		/ /	/ /	
<input type="checkbox"/>	Primary or secondary thrombocytosis		/ /	/ /	
<input type="checkbox"/>	Sickle cell disease or sickle cell trait		/ /	/ /	
<input type="checkbox"/>	Thrombotic thrombocytopenic purpura		/ /	/ /	

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***Details of Medical Practitioner providing advice:***

**Stamp**

**Signature**