

## PASSPORT OF PERSON WITH HEMOPHILIA

Owner of this document has a bleeding disorder and gets intravenous injections with blood clotting preparations.  
He may have medical products and injecting equipment.

№ \_\_\_\_\_

Family name \_\_\_\_\_

Name \_\_\_\_\_

Patronymic \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Issued \_\_\_\_\_ Valid till \_\_\_\_\_

Doctor \_\_\_\_\_ Signature \_\_\_\_\_

Name and address of a hospital \_\_\_\_\_

\_\_\_\_\_

**PLEASE, PROVIDE YOUR ASSISTANCE!**

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**Hemophilia:** A ☐ B ☐

**Factor level:** F.VIII  % F.IX  %

☐ **Inhibitors** BE

☐ **Von Willebrand disease** F.VIII  % vWF  %

**Blood group**  **Rh-factor**

### IN CASE OF EMERGENCY

- Administer an intravenous injection of blood clotting products;
- Provide transportation to the nearest specialized hospital;
- Call: \_\_\_\_\_

\_\_\_\_\_ for emergency consultation

It is **CONTRAINDICATIVE** for persons with hemophilia or von Willebrand disease:

- Salicylates (aspirin)
- Intramuscular injections

Developed by the Russian Hemophilia Society and Hematology Research Center.  
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tel/fax +7-495-748-05-10; +7-495-612-20-53;  
<http://www.hemophilia.ru>; [office@hemophilia.ru](mailto:office@hemophilia.ru)

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