

# Immune Thrombocytopenia Healthcare Professional Register



## Information

The ITP Australia and New Zealand – ITP Healthcare Professional Register has been developed to assist ITP patients and carers wishing to seek a second opinion and for treating healthcare professionals to identify colleagues with a great deal of knowledge of the rare disease Immune Thrombocytopenia.

We're inviting healthcare professionals, including Haematologists, Haematology Nurses, General Practitioners, and Immunologists, to register their details with their details being submitted to appear on this register.

## About You

Salutation	First Name	Surname
Contact No.	Email	

## Your Workplace

Primary Location		
Position		
Street Address		
Suburb	State	Postcode

Other Placements		
Position		
Street Address		
Suburb	State	Postcode

Other Placements		
Position		
Street Address		
Suburb	State	Postcode

\*Please add any additional placements to your email when submitting this form.

# Immune Thrombocytopenia Healthcare Professional Register



## Professional Information

Qualification	Haematologist Immunologist	Haematology Nurse Other	General Practitioner	
Career Bio				
Does a Patient require a referral to see you?	YES	NO		
Patient Type	Adult Patients	Paediatric Patients		
Current Memberships	HSANZ	THANZ		
How many ITP Patients do you currently see?		Which Health system do you mainly work in?	Public Health System	Private Health System
How often do you see ITP Patients?	Daily Fortnightly	Weekly Monthly		
What interests you in Immune Thrombocytopenia?				

## ITP Research

Have you actively participated in published research and been credited as an author?

If so, please add the paper name and a link below.

*Note: Please list the most recent first.*

Paper Name		Link	
Paper Name		Link	
Paper Name		Link	
Paper Name		Link	
Paper Name		Link	
Paper Name		Link	

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## Professional Development

Have you actively participated in any professional development, through meetings, events, workshops or other, relating to Immune Thrombocytopenia in the last two years?

If so, please add the details of the training below.

*Note: Please list the most recent first.*

Event/Activity Name	
Who organized the event/activity?	
Event/Activity Name	
Who organized the event/activity?	
Event/Activity Name	
Who organized the event/activity?	
Event/Activity Name	
Who organized the event/activity?	

## General Information

	YES	NO
Are you currently running any ITP Clinical Trials at your hospital?		
If yes - Please indicate the name of the trial/s.		
If no - Are you interested in receiving information or participating in future ITP Clinical Trials at your hospital?		
What is your interest in being part of this register?		
What tools and resources do you use to stay updated with Immune Thrombocytopenia?		
Do these tools differ when talking directly with patients and carers?		
What are the current restrictions around the use of TPORAs?		

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## About ITP Australia and New Zealand

How did you hear about ITP Australia & New Zealand?	ITP Patient Google	Colleague Social Media	Attending Blood Other
Have you registered to receive regular updates from ITP Australia and New Zealand?	YES      NO If no, please register here - <a href="https://itpaustralia.org.au/register-page/">https://itpaustralia.org.au/register-page/</a>		
Which social media platforms do you follow ITP Australia and New Zealand on?	LinkedIn	Facebook	Instagram
Do you have any suggestions on how ITP Australia and New Zealand can improve the lives of ITP patients and caregivers?			
How did you hear about the ITP Healthcare Professionals Register?	ITP Patient ITP Australia & New Zealand	Colleague Social Media	Attending Blood Other

I agree with the Privacy Policy.	YES	NO
I agree with the terms & conditions.	YES	NO
I agree to receive regular updates and communications from ITP Australia & New Zealand.	YES	NO

## Submitting your form

Once completed, please forward your form to [register@ITPAustralia.org.au](mailto:register@ITPAustralia.org.au) and a photo of yourself, which will be included in your profile.

If you have any questions about this form of the ITP Healthcare Professional Register, please contact Danielle Boyle at [info@ITPAustralia.org.au](mailto:info@ITPAustralia.org.au).

**Thank you for submitting your form, and we will be in touch shortly.**