

SUDAN UNIVERSITY OF SCIENCS & TECHNOLOGY

Questionnaire on renal Hemophilia patients

Pt-name:..... No ()

Age:.....

Tribe:.....

Original home:.....

When the Pt diagnosed:.....

The base of diagnosis:.....

History of other diseases& treatments:.....

.....

.....

Phone:.....

INVISTIGATION RESULTS

APTT:

Facror VIII / IX Assay :.....

PT:

Platelets count: