

<b>Subject Identifier Number:</b>							
<b>Patient Demographics</b>				<b>Mortality</b>			
Age (years):				24-hour death:		Yes      No	
Gender:    MALE      FEMALE				30-day death:		Yes      No	
<b>Bleeding Source</b>							
Trauma		Surgical			Medical		
Blunt:      Yes    No		Type: _____			Type: _____		
Penetrating: Yes    No		Type: _____					
<b>Laboratory Data</b>				<b>Epoch Data</b>			
Initial		24 hour		Hospital LOS      _____  ICU LOS            _____  Days on Ventilator    _____			
PT							
PTT							
INR							
HGB							
HCT							
<b>MTP Activation</b>				<b>Quantity of Products Used</b>			
YES		NO		# Units PRBCs:    _____			
				# Units FFP:        _____			
				# Units Platelets: _____			
<b>≥ 4 units PRBCs given over 4 hours</b>		<b>Tranexamic Acid given</b>		<b>≥ 10 units PRBCs given over 24 hours</b>		<b>Uncross-matched PRBCs given</b>	
Yes      No		Yes      No		Yes      No		Yes      No	