ITP in Teens

FREQUENTLY ASKED QUESTIONS

Platelet
Disorder
Support
Association

Empowering ITP Patients

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Q **What is immune thrombocytopenia (ITP)?**

A Immune thrombocytopenia (ITP) is a rare autoimmune bleeding disorder that is due to an overactive or dysregulated immune system that leads to a low platelet count. ITP is characterized by isolated thrombocytopenia with a blood platelet count of less than 100,000 per microliter (µl) of blood with normal being greater than 150,000. Normal platelet counts range from 150,000 to 400,000. Having a platelet count between 100,000 to 150,000 means you have a lower than normal platelet count, however it is generally not associated with any increase in bleeding tendency and does not necessarily mean you have ITP. Although individuals with a platelet count less than 10,000 are more prone to bleed, symptoms are quite variable between individuals with ITP and even below this count many patients with ITP will not experience significant spontaneous bleeding symptoms. ITP on average affects 6.7/100,000 between the ages of 10-15 years, and 7.3/100,000 between 15-18 years of age.

Approximately 20% of all diagnoses of ITP are secondary to an underlying medical condition that is also associated with the immune platelet destruction. Disorders that may be associated with immune thrombocytopenia include lympho-proliferative conditions, other autoimmune disorders such as lupus and rheumatoid arthritis, infections, and certain hereditary conditions including some of the primary immunodeficiencies. Some medicines can also cause a low platelet count by an immune or non-immune mechanism. Understanding if your ITP is primary or secondary can be important to ensure appropriate health care follow-up and appropriate treatment. Distinguishing between primary and secondary ITP is not always possible at the time of diagnosis but should always be considered since primary ITP is a diagnosis of exclusion and appropriate treatment may depend on treating the underlying condition.

Q A Which type of ITP do teens have?

It is important to understand there are three phases of ITP. The likelihood of recovery depends on age and what phase your ITP falls into. The phases include:

- Newly diagnosed ITP: Within 3 months from diagnosis. Most cases (80%) of adult ITP will not resolve within this time whether they receive treatment or not.
- Persistent ITP: 3-12 months from diagnosis without resolution (or remission).
- Chronic ITP: Lasting more then 12 months from diagnosis.

While very young children and some teens are more likely to see their ITP spontaneously resolve, other teens and adults are more likely to have a chronic course. Recovery is possible even if you are considered to have chronic ITP. At this time, there isn't a reliable way to predict who will develop chronic disease.

Q A What are platelets and why are they important?

Platelets are small cells in the blood, formed in the bone marrow (the soft, porous tissue found in the bones of the body), that look like smooth "little plates" when viewed under a microscope. When called into action, platelets change shape and become sticky to maintain the integrity of our blood vessel walls and seal cuts and wounds by starting the formation of a blood clot. Without a sufficient number of platelets, clotting isn't as successful, can take longer, and can sometimes lead to spontaneous bleeding or bruising or bleeding with minimal injury.

The lower the platelet count, the higher the risk is for spontaneous bleeding, particularly if the platelet count is less than 10,000. Spontaneous bleeding may appear as bleeding or bruising in the mouth (oral blood blisters/ oral purpura/wet purpura), bleeding from anywhere along the gastrointestinal tract such as the stomach or intestine, nosebleeds (epistaxis), blood in the urine (hematuria), and very rarely, bleeding in or outside the brain (intracranial hemorrhage). Determining a safe platelet count level is often individualized and will take into account your bleeding history, your age, your activities, and other medications or health concerns. When and what to treat with is a decision to be made

in consultation with a doctor experienced in treating ITP (usually a hematologist) so that all these factors are taken into account.

Q What causes ITP?

A The specific cause of ITP is unknown. It may appear following a viral or bacterial infection in healthy teens. It is thought that this infection causes the immune system to lose the ability to distinguish between the body's own cells and those of germs, like bacteria or viruses. As a result, the immune system targets the body's own platelets. Why ITP occurs in some teens and not others who may have been exposed to the same viral or bacterial infection is not known. Some individuals with a family history of autoimmune disease may be more likely to develop ITP and some individuals with inherited immune deficiencies are at higher risk of having secondary ITP. It is important to recall what was happening in your life before you began having symptoms of low platelets, including any exposures to new drugs, herbs or supplements. This information may be useful to your doctor in diagnosing and treating your low platelet count.

"Fatigue, depression, and brain fog were horrible symptoms of ITP. They plagued me every day."

Q Is my blood type a factor?

A None of the blood types have been linked to ITP.

Q What are the physical symptoms of ITP?

A The physical symptoms vary greatly from person to person. Some teens do not have any symptoms despite a low platelet count. Others may have mild bleeding such as bruising under the skin and/or small purple/red pinpoint circles on their skin called petechiae *(pe-TEEK-ee-eye)*. Petechiae are caused by broken blood vessels or leaks in a capillary wall. Some teens will experience more involved bleeding. Signs of serious bleeding risk include heavy mucosal bleeding in the mouth, gastrointestinal system, urinary tract, nose and brain. Females may also experience heavy menstrual bleeding (menorrhagia) and prolonged menstruation with their periods.

Q Why am I depressed and moody?

A Many people with ITP report feeling depressed. It has been proposed, but not proven, that underlying mechanisms

involved in platelet destruction may disrupt biochemical levels leading to changes in mood and depression. Another possibility is simply that you are dealing with a difficult and potentially chronic illness. This can lead to feelings of isolation, fear, and anger that your body has "turned against you." A third factor is the treatments. Many of them list depression as a potential side effect, including corticosteroids which is a common first-line therapy.

Q **Why am I so tired?**

A Fatigue is also a common experience for people with ITP. It is unclear why people with ITP experience fatigue, but it is one of the most common and most debilitating symptoms reported by patients. Some patients report that changing to a healthy diet increases their energy level and reduces fatigue.

Q **How do I know I have ITP?**

A ITP is a diagnosis of exclusion. This means, there is no accurate, definitive test for ITP. Your doctor will order a test called a complete blood count test (CBC) to measure features in your blood, including your platelets. The diagnosis is confirmed when platelets are less than 100,000 in the absence of any obvious underlying secondary cause. Your doctor may order other testing to rule out an underlying cause of low platelets depending on your symptoms, family history, physical exam, and other blood counts.

It can be difficult to rule out underlying causes at the time someone is diagnosed with ITP. Once pseudothrombocytopenia is ruled out (most common cause is platelet clumping in the test tube only), a physical examination may provide diagnostic clues if your spleen, liver or lymph nodes are enlarged for example. It is also essential for your doctor to examine your platelets under a microscope and order additional testing if the platelets are not the expected size or appearance, or if other blood cells look abnormal.

Q **What is a bone marrow test and why might I need it?**

A Bone marrow examinations are typically not necessary for the majority of ITP patients. They are generally not used to make a diagnosis of ITP. In some cases, a

hematologist (blood specialist) will ask to take a sample of bone marrow from the pelvic bone (bone marrow test), if there is no response or a loss of response to common ITP treatments, or if there are other abnormal findings in the blood or physical exam that suggest a disorder other than ITP. This is performed to ensure that the bone marrow is still making platelets and that there is nothing wrong with the other blood cells in the marrow. Pain and sedation medication is provided to make the experience more comfortable.

"I want people to know that ITP does not just affect your blood, [but] that it [also] affects you physically and emotionally."

Q Is there a cure for ITP?

A There is no cure for ITP. Fortunately, most teens with ITP do not experience serious bleeding, and many have platelet counts above 30,000. Some patients have a platelet count lower than this and require treatment for bleeding treatment and/or prevention. Many patients find their platelet count improves following treatment. What proves difficult for many ITP patients is finding the treatment that works for them with minimal side effects. Some patients report that changing their diet or lifestyle helps them feel better. ITP can go into remission for a long time, perhaps for the remainder of a person's life. ITP can also recur. A recurrence of ITP may indicate chronic ITP or secondary ITP and should be monitored carefully. Consult your doctor for further information. Currently, there is no way to predict the course of ITP.

Q Is ITP contagious? Can it be spread to family and others?

A No, ITP is not a contagious disease and it cannot be spread to others like a cold.

Q Is ITP life-threatening?

A The potential danger with ITP is primarily related to a risk of bleeding. Life-threatening bleeding is very rare. If you have already experienced bleeding more involved than just spontaneous bruising or petechia you may be at a higher risk for more serious bleeding. However, the risk for having an intracranial hemorrhage, for instance, remains very low. The risk for an adult to experience a spontaneous intracranial bleed (unrelated to injury) as a direct consequence of their low platelet count is approximately 1.5%. This risk may be higher if you've already experienced serious bleeding episodes that required

immediate hospitalization and treatment, or if you've had a head injury while your platelet count is low, particularly under 30,000. A very small percentage of people with ITP die from the disease or the treatments. The large majority of people find treatments that raise their platelet counts to a safe level or successfully live with a low platelet count.

Q **When should I seek immediate medical attention?**

A Seek medical attention immediately if you experience any of the following:

"Tell your parents everything. Don't hide the facts of bleeding and bruising episodes. This can be deadly."

- A change in bleeding and/or bruising pattern.
- A nosebleed that cannot be stopped.
- A headache (spontaneously or due to injury) of any degree that is worsening, persistent, keeps returning, or wakes you from sleep. Especially in the presence of excessive fatigue, poor/no appetite, vomiting, and fever. These may be the signs of an intracranial bleed.
- Following any head injury/trauma. Especially if you feel stunned and/or show signs of unusual behavior. Often brain bleeds start out as a slow bleed with time to intervene (if you are aware there is a bleed) and may not reveal traditional symptoms right away.
- Obvious blood in the urine. This is called gross hematuria and may be a future predictor for more serious bleeds.
- Black dark stool, bright red blood when going to the bathroom and/or vomit that resembles coffee grounds. Especially if your abdomen feels distended (swollen). These are signs of a gastrointestinal bleed.
- An injury that shows signs of significant swelling.

It is very important that in an emergency situation medical staff are quickly made aware of your ITP diagnosis. PDSA has a variety of medical awareness jewelry available for purchase through The Platelet Store *pdsa.org/products-a-publications/the-platelet-store*.

Q **Are there treatment guidelines?**

A Yes. The two main statement reports include the American Society of Hematology (ASH) practice guidelines and the International Consensus Report (ICR) on ITP management. Both were recently updated

in 2019 and can be viewed by visiting *pdsa.org/healthcare-professionals-researchers/hcp-resources*.

Q **What are the treatments?**

A There are many treatments for ITP. They all have different risks and benefits. All medicine treatments have side effects. Some may be serious. It is important to understand both the success rate and potential side effects before beginning any treatment. Hematologists may use a combination of treatments at once to increase their success rate. Side effects have been reported for each drug used to treat ITP. However, side effects vary and my not be experienced by everyone taking the same drug. For more information on specific treatments available, please see *pdsa.org/conventional*.

It is **important to note** that teens with ITP should not take any medication that contains acetylsalicyclic acid (such as aspirin), anti-inflammatory medications containing ibuprofen (such as Advil® and Motrin®) or naproxen (such as Aleve® and Midol®). Teens with ITP should also avoid medicines containing glycerol guaiacolate (such as Robitussin® and Mucinex®) since these medicines can prevent the limited number of platelets from working properly. Anticoagulants such as warfarin, heparin, apixaban, rivaroxaban, dabigatran or other similar drugs can significantly increase the risk of bleeding. As a precaution, check with your doctor before taking any medicine, vitamin, or supplement other than acetaminophen (Tylenol®). It may also be helpful to avoid alcohol since it can make your platelets less functional and, over time, suppress the production of platelets.

Q **How will ITP affect my menstrual cycle or pregnancy?** ***(For females)***

A Heavy or prolonged menstrual periods are common in females with ITP. Heavy menstrual bleeding (also called menorrhagia) is more common in teens with ITP. It is defined as periods that last more than seven days, soaking one pad or more in an hour's time, passing clots greater than 1 inch in diameter, and experiencing low iron (also called ferritin) levels. If the bleeding is too heavy, birth control pills may help control your period. For some, tranexamic acid, a non-hormonal medication that prevents clots from breaking down can be used. Speak to your hematologist or gynecologist if your bleeding is very heavy or lasts longer than 7 days.

ITP does not cause infertility. If you are female and become pregnant, some of the anti-platelet antibodies may cross the placenta and your baby may temporarily have low platelet counts. If this happens, after birth the baby may be treated to prevent bleeding. When maternal antibodies within the baby diminish over time, the platelet count improves. This can take weeks to months. If you are a woman with ITP and are not yet pregnant, but are planning a pregnancy, it is recommended to talk to your obstetrician and hematologist for additional information. International Consensus guidelines recommend treating ITP in pregnant women when they are under 20,000 regardless of bleeding symptoms, but that counts between 20,000-30,000 are felt to be safe in the absence of bleeding and/or required procedures. A platelet count of over 50,000 is recommended for a safe delivery. Corticosteroids are recommended to be used first when treatment is indicated in a pregnant woman with ITP. Several treatments for ITP are safe for both mother and fetus, but both your obstetrician and hematologist should discuss with you risks before beginning them.

Epidural anesthesia can be used during labor. The recommendation for safe placement of the epidural catheter is a platelet count of at least 70,000. A spinal injection for anesthesia requires a platelet count of at least 50,000. A plan to raise the platelet count prior to delivery should be discussed with your doctors early in your pregnancy. For more information on ITP and Pregnancy, see *pdsa.org/images/stories/pdf/ITP-Female-2015.pdf*.

Q **What should I do in the following situations:**

- ***Have concerns about ITP and/or new symptoms***

A If you have concerns or changes in your usual ITP symptoms, speak up. Tell your parents or caregiver if something is unusual and always reach out to your doctors so they are aware and can advise you on what you should do. Make sure your doctor also knows about all of your activities and any problems you experience related to ITP.

- ***Have active bleeding***

If you have active bleeding that cannot be controlled, you must always go to urgent care or your local emergency clinic at the hospital for bleeding management. If you are not sure if you should go, you could call your

doctor to see what they recommend. If in doubt, it's better to go and error on the side of caution.

- ***Had an accident (especially impacting the head)***

Injuries to the head should be reported to your doctor immediately. *Especially if you experience a persistent or fluctuating headache with or without fatigue, nausea, vomiting, or a low-grade fever. These may be signs you are having intracranial bleeding. Therefore, it is important to report all injuries to your doctor when your platelet count is low, especially injuries to the head even if mild. A medical examination or a CT scan of the head may be recommended.*

Always notify your doctor about signs of a brain bleed, nosebleeds, bleeding gums, or blood in your urine, stool, or vomit. Even if an ITP patient is in remission, they should watch for these symptoms so they can contact their doctor immediately if they occur.

Q How do I deal with the physical changes to my body?

A The physical symptoms of ITP (such as bruising, petechiae, blood blisters, or other visible bleeding) can be embarrassing to deal with. The teenage years are already a time when your physical body is changing and growing, and you become more critical and self-conscience of your appearance. Remember that the physical symptoms of ITP are not permanent and consider connecting with other teens dealing with the same issues to learn from each other creative ways to deal with the visible physical symptoms of ITP. It is important to remember that you are not defined by your appearance, ITP does not change who you are. Physical changes to your body can also be a result of the medical treatment(s) you may be receiving to manage your ITP. For instance, corticosteroids can lead to rapid weight gain. During these times, show kindness to yourself, and remember these side effects are temporary. The media plays a role in setting unrealistic standards for beauty and self-acceptance and it's up to you to see past them and to honor your body and self. Focus on the things you can do to make yourself feel better such as going on a long walk.

Q Where can I meet other teens with ITP?

A PDSA offers several ways to connect with other teens living with ITP. These include private discussion groups

on the PDSA website and our social media channels, a name exchange program, an annual patient conference with teen ITP sessions, regional meetings during the year, and virtual ITP Support Group meetings every 2-3 months. PDSA also offers an online discussion forum just for teens *(pdsa.org/discussion-group/16-general-discussion-for-teens or pdsa.org/discussion-group)*.

"You mentally have to be stronger than the disease itself. The main thing is you have to take care of your body. Watch yourself daily for signs, and listen to your body. It will definitely help."

Q **Are there opportunities to participate in research?**

A Yes! PDSA's global ITP National History Study Registry connects patients with research opportunities where you can join thousands of patients living with ITP from around the world to advance research and improve the quality of life for ITP patients. Visit *pdsa.org/registry* and enroll today!

You could also talk to your doctor about the possibility of participating in a clinical trial if available at your location. Visit *pdsa.org/about-itp/clinical-trials* for more information on current clinical trials.

Q **Are there special issues for teens who are coping with ITP?**

A Teens may experience many of the same problems living with chronic illness that adults do (physical symptoms, or medication side effects), but certain problems are more exclusive for teens.

Denial — Teens, more than other age groups, have a common, non-verbalized (sometimes loudly verbalized) belief about their medical status: "I'm fine!" They don't want to feel sick; they don't want to be sick; and they don't want to be different. This can be frustrating for other family members, who are trying to be protective and helpful, and for healthcare professionals who have more difficulty treating a young person if the answers to questions about symptoms are evasive or denying.

School — The teen's primary "job" is to go to school. For teens with chronic illness, the attitude about school varies with some who are upset and frustrated if their illness interferes with consistent school attendance and schoolwork performance. Others see school as less important and may have few or no qualms about missing excessive time in school. We encourage families, doctors, and teacher to understand how ITP has affected them at school and make sure that assistance is in place to help them continue to attend school.

Peer Pressure — Teens with chronic illness may have a more difficult time in school if they have to deal with hostility or criticism from classmates or friends ("Why can't you go out with us tonight?") or the ignorance of teachers ("You've missed too much school work; either get with the program or you're going to fail."). Because of chronic illness, teens may feel ostracized and even excluded from activities that were once within their physical capabilities. ITP can often be thought of as an 'invisible' condition because it is not always obvious to others the struggles people with ITP frequently experience, such as fatigue. Peer pressure may affect young people with chronic illness. The need to fit in is strongest during the teenage years which can be devastating and embarrassing when dealing with noticeable physical effects (e.g. bruising, petechiae, bloating, bleeding, visible blood blisters, etc.) and behavioral effects (slower, tired, etc.). It is heartwarming to hear stories of young people with chronic illness whose friendships continue despite their illness. Yet it is sad to hear of stories in which the teen with chronic illness is ridiculed and even abandoned by former friends.

Q How do I tell my friends?

A Your friends might be curious about why you can't play sports or they may wonder why you visit the doctor so often. Don't be afraid to tell your friends about your disorder. They may want to help or learn more. What you tell people about your ITP diagnosis will likely depend on their role in your life, and how comfortable you are with sharing your private information. Below is a guide you can use that will help you communicate your ITP diagnosis with those you want to disclose this to.

For acquaintances, you may want to say:

"ITP is a blood clotting disorder. I bruise and bleed very easily. But it's not contagious."

For friends and family, you may want to say:

"ITP is a rare autoimmune bleeding disorder. It is not hereditary. I need to be cautious because I can bleed and bruise with very minimal injury due to the fact my platelet count is low."

For employers and teachers, you may want to say:

"ITP puts me at risk of bleeding with minimal injury. If I am bleeding, this is how to stop it, and this is how to

reach my emergency contact. If trauma occurs such as a loss of consciousness, call 911 immediately, then my emergency contact and my doctor listed on my emergency protocol I've provided you with." Your doctors' offices may be helpful in advocating for you with issues around your job and your ITP.

If you are on medication, you may want to consider adding:

"The medicine makes me feel hungry/tired/irritable, but I'm still the same person."

Please feel free to distribute this booklet among caregivers, friends and family members. The information it contains will not only increase their understanding of ITP but may also minimize their fear and anxiety.

Q **Can I play sports?**

A This is an individual decision based on your platelet count, your symptoms, your current lifestyle and the amount of risk with which you are comfortable. Your doctor should provide some guidance for you. Some people with ITP find new activities to enjoy that do not place them at risk of bleeding. It is important to find a way to live with your ITP (your "new normal") that makes you feel empowered and safe, while still enjoying your life. ITP has been shown to impact an individual's overall quality of life, so the more you focus on what you can do instead of what you cannot do, the better your experience with ITP will be.

Physical activity is important, however if the platelet count is low, certain activities may need to be restricted in order to lower the risk of bleeding. As long as your platelet count is over 75,000 it is usually safe to play sports using protective equipment. There are some sports that are considered dangerous for anyone even without a bleeding disorder. Always discuss sports participation with your health care providers, especially your hematologist. Deciding on what sports you can participate in will depend on the degree of risk association with it. For additional information, please visit the Educational Resource section of the PDSA website and select 'When a child has ITP' located at *pdsa.org/booklets*.

Q **Any other advice?**

A Focus on the things you can do and try to learn new ways to do some of the activities you are used to in a

safer way. Go for a hike. Spend time with friends. Learn something new. Read a good book. Your options are endless. Your doctor should provide some guidance for you regarding activities that are safe to participate in. It is important to find a way to live with your ITP (your "new normal") that makes you feel empowered and safe, while still enjoying your life. ITP has been shown to impact an individual's overall quality of life, so the more you focus on what you can do instead of what you cannot do, the better your experience with ITP will be.

You should also consider learning as much as you can about ITP. Learn the benefits and the side effects of the recommended medications, decide how you want to approach the disease and your life, now that it has changed. Keep a copy of every lab report and copies of all blood work. Maintain a log of the medications used, dosages, your platelet count, and how they made you feel. Pay attention to your lifestyle and see if there is any correlation between your platelet count and the food you eat, stress level, the places you visit, toxins in your environment, etc. Often you are the person paying the most attention to these things, and you know your body better than anyone else. Be proactive in your diagnosis by staying on top of the guidelines and current information. To help you do this, visit us at *pdsa.org*.

"I have realized that I can't let this disease take over my life. I've got to enjoy it, and all I have to do is be careful. At the beginning I was afraid my life was over, but in all reality, this disease has never held me back. It's true I'm not able to do cheerleading, but at least I am alive and well."

Q A Where can I get more information?

The Platelet Disorder Support Association (PDSA) supplies information about ITP applicable to all patients, whether newly diagnosed or living with ITP for years, and their caregivers through our comprehensive website including free online resources and booklets. You can access these resources by visiting *pdsa.org*. Our organization also publishes a monthly e-news update, a quarterly newsletter and makes available other publications and articles. Each year, PDSA holds an annual conference and regional meetings. PDSA has more than 60 local patient support groups in the U.S. and Canada and continues to expand its programs to offer more services and reach more people. For access to the most comprehensive information about ITP consider becoming a PDSA Member so that many of our educational initiatives can be made available to you. You can learn more about becoming a member by visiting *pdsa.org/give-back/become-member.*

Thank you to PDSA Medical Advisor Michael Tarantino, MD, for his medical review of this free educational booklet.

Resources

HELPFUL RESOURCES FOR TEENS MANAGING ITP:

Support Groups by region: *pdsa.org/support-groups*

ITP Helpline: (440) 746-9003 or *PDSA@PDSA.org*

Online Discussion Groups: *pdsa.org/discussion-group*

Medical Emergency Cards and Medical Alert Jewelry for Patients with ITP: *pdsa.org/shop*

Depending on your circumstance, one of our other booklets may also be helpful, and they can be found by visiting our webpage at *pdsa.org/booklets*. These booklets are available in multiple languages at *pdsa.org/translated-publications*.

ITP Pamphlet (perfect for sharing with families)
ITP and the Female Lifecycle: Bleeding Issues in the Stages of a Woman's Life
Coping with ITP — Frequently Asked Questions
Living with ITP: Answers to Common Questions
The Role and Function of Platelets in ITP
Health Insurance and Assistance Programs for ITP Patients
Who Pays for Drugs in Canada?

For more information about ITP, and other available resources, additional copies of this booklet, or to become a member of PDSA, please contact us:

Platelet Disorder Support Association
8751 Brecksville Road, Suite 150, Cleveland, OH 44141
(440) 746-9003 • pdsa@pdsa.org • www.pdsa.org

The Platelet Disorder Support Association is dedicated to enhancing the lives of people with ITP and other platelet disorders through education, advocacy research and support. Membership benefits include a quarterly newsletter, discounts to the annual ITP Conference, optional participation in the ITP POKE-R Club and Name Exchange Program, and the good feeling of helping others.

PDSA is a 501(c)3 organization. All contributions are tax deductible. This patient information guide is supported by an educational donation provided by **argenx**.

The information in this guide is for educational purposes only. For your unique medical condition, please consult a physician. The names of actual companies and products mentioned herein may be the trademarks of their respective owners.

Use this form to:

- MAKE A DONATION TO PDSA
- JOIN PDSA
- REQUEST FUNDRAISING INFORMATION

Please check the appropriate box(es).
All donations to PDSA are gratefully received and will be acknowledged.
(Please make checks payable to: PDSA) (Do not send cash)

❍ I would like to join the Platelet Disorder Support Association (PDSA) to receive an information packet and *The Platelet News* quarterly newsletter for one year, and enclose $25 for membership.

❍ I enclose a donation to PDSA of: $ _____.

❍ I would like to raise funds for the PDSA.
Please send me fundraising information.

❍ I would like to receive an *ITP Emergency ID* card (1st one is free)

Please complete:

Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip code: _____

Please help us update our records by completing this section of the form:

I am: ❍ an ITP patient ❍ parent of an ITP child ❍ family member
❍ friend/other ❍ health professional ❍ industry professional

For additional information about ITP and PDSA visit our website:
www.pdsa.org or send email to *pdsa@pdsa.org*

SEND THIS FORM TO: Platelet Disorder Support Association
8751 Brecksville Road, Suite 150
Cleveland, OH 44141

Call the PDSA office if you need assistance or to use a credit card:
(440) 746-9003

PDSA is a 501(3)c non-profit organization. All contributions are tax deductible.

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