

# T. E. M. P. I. syndrome

## TEMPI Syndrome Worksheet

Information:

<https://www.hematopia.com/tempi>

Please return to:

David B. Sykes, MD, PhD  
Massachusetts General Hospital  
Division of Hematology  
Boston, MA 02114  
617-724-4000  
dbsykes@mgh.harvard.edu

<b>Name of patient</b>	
Age	
City / Country	
E-mail address	
Phone number	
<b>Name of doctor</b>	
Hospital / Clinic	
E-mail address	
Phone number	

### Patient information

How long have you had symptoms?	
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Do you have **telangiectasias** on the skin?

NO				
YES	Where are the telangiectasias located?			
	Mouth	Face	Chest	Back
	Arms	Legs	Other	

Do you have **elevated serum erythropoietin (EPO)**?

NO		
YES	Serum erythropoietin level	
	Date	

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Do you have **erythrocytosis** (too many red blood cells)?

NO		
YES	Hematocrit (HCT)	
	Date	
	Hemoglobin (HGB)	
	Date	

Do you have a **monoclonal gammopathy**?

NO			
YES	Total IgG	Total IgM	Total IgA
	Kappa free light chains	Lambda free light chains	Free light chain ratio
	Concentration of the monoclonal protein		
	Type of monoclonal protein		

Do you have **perinephric fluid**?

NO		
YES	Have you had an ultrasound or a CT scan or an MRI of the abdomen?	
	When? What did it show?	

Do you have **intrapulmonary shunting**?

NO		
DO NOT KNOW		
YES	What is your % oxygen saturation when sitting still?	
	What is your % oxygen saturation when walking up stairs?	
	Do you require supplemental oxygen?	

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## Medical history

Have you ever had a blood clot (a deep vein thrombosis or pulmonary embolism)?	
What other medical problems do you have?	
What medications are you taking?	

## Testing

Have you had testing for the JAK2V617F mutation?	
Have you had a bone marrow biopsy?	

## Treatment

Have you had any treatment? What treatment? Was it effective?	
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## Other information

Please provide any other information you think may be helpful	
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