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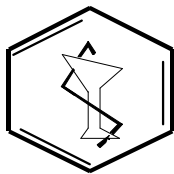
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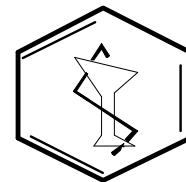
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APÊNDICE 1



**UNIVERSIDADE FEDERAL DE MINAS GERAIS
FACULDADE DE FARMÁCIA
DEPTO. ANÁLISES CLÍNICAS E TOXICOLÓGICAS**



FICHA CLÍNICA

Projeto: "EVENTOS TROMBÓTICOS ARTERIAIS: AVALIAÇÃO DE FATORES GENÉTICOS E BIOQUÍMICOS PREDISPONETES EM PACIENTES ATENDIDOS EM SERVIÇO MÉDICO ESPECIALIZADO EM HEMATOLOGIA"

Protocolo: _____

Data: _____

Identificação:

Nome: _____

Data de nascimento : _____ Sexo: M ___ F ___ Naturalidade: _____

Endereço: Rua(Avenida): _____ Nº _____

Bairro: _____

Cidade: _____

Estado: _____ CEP: _____ Telefone: _____

Trombofilias

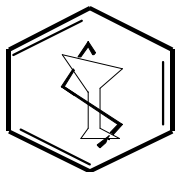
Fenômeno Tromboembólico
Data
Local de ocorrência
Idade
Fenômeno espontâneo

Fatores adquiridos associados	
Trombose arterial	
Hipercolesterolemia	Tabagismo
Diabetes miellitus	Obesidade
Hipertensão	ICC ou FA
Trombose Venosa	
Imobilização	Gravidez
Cirurgia	Puerpério
Neoplasia	HPN
Uso de estrógeno	D.mieloproliferativa
Sepse	D. autoimune
Quimioterapia	Traumatismo
Outros	

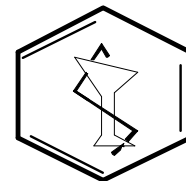
Trombose Recorrente	Sim	Não
Novos Locais		
Recorrência em uso de Anticoagulante	Sim	Não

Diagnostico	
Tempo de Protrombina	Fator VIII
PTTa	Fator IX
Anti-trombina	Fator XI
Proteína S	Fator XII
Proteína C	Plasminogênio
Resistência a proteína C	PAI-1
Fator V Leiden	tPA
Mutante do fator II	FAN
MTHFR	Perfil lipídico
Homocisteína	Função Hepática
Vitamina B12	Função Renal
Ácido Fólico	Hemograma
Anticoagulante lúpico	VDRL
ACL Ig G	Fibrinogênio
ACL Ig M	Eltrof. de Hemoglobina
ACL Ig A	
História Familiar	

APÊNDICE 2



**UNIVERSIDADE FEDERAL DE MINAS GERAIS
FACULDADE DE FARMÁCIA
DEPTO. ANÁLISES CLÍNICAS E TOXICOLÓGICAS**



**TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO
PROJETO DE PESQUISA: “EVENTOS TROMBÓTICOS ARTERIAIS: AVALIAÇÃO DE
FATORES GENÉTICOS E BIOQUÍMICOS PREDISONENTES EM PACIENTES
ATENDIDOS EM SERVIÇO MÉDICO ESPECIALIZADO EM HEMATOLOGIA ”**

Prezado Sr.(a),

O presente trabalho de pesquisa tem por objetivo obter um maior conhecimento sobre os eventos trombóticos arteriais a partir de resultados de exames laboratoriais e de dados coletados sobre os sinais e sintomas desta doença. A coleta de amostras de sangue venoso inclui um pequeno risco de acidente de punção, representado, principalmente por extravasamento sanguíneo subcutâneo de pequena gravidade, que pode resultar em leve dor localizada e formação de um pequeno hematoma. Para minimizar este risco, a coleta de sangue será realizada por um profissional farmacêutico, com capacidade técnica e experiência que estará atento para fazer a compressão imediata do local da punção, visando estancar o sangramento. Será utilizado material descartável de boa qualidade (agulhas e tubos a vácuo), visando o êxito da coleta. Você está sendo convidado para participar desta pesquisa como voluntário (a). Se você quiser participar poderá fazê-lo doando 15 mL de seu sangue para o uso exclusivo nesta pesquisa. Seu nome e os resultados dos exames serão mantidos em segredo. Se você não quiser participar, não tem problema, não irá atrapalhar o seu tratamento e a assistência recebida pelo seu médico. Para qualquer dúvida sobre esta pesquisa você deverá entrar em contato, por telefone, com as pessoas responsáveis pela mesma, cujos nomes estão abaixo relacionados.

Dr. Daniel Dias Ribeiro

Médico Hematologista do Hospital das Clínicas - UFMG (Tel.32489397)

Profa. Dra. Ana Paula Salles Moura Fernandes (Tel. 3409 6902)

Orientadora do projeto, professora de Biologia Molecular Faculdade de Farmácia da UFMG.

Farmacêutico-Bioquímico Adriano de Paula Sabino (Tel. 3409 6900)

Curso de Pós graduação em Ciências Farmacêuticas da Faculdade de Farmácia da UFMG.

NOME:

Documento de Identificação: _____

Assinatura: _____ DATA: ____/____/____

Agradecemos sua valiosa participação!

Comitê de ética em pesquisa –COEP - UFMG

Av. Presidente Antônio Carlos 6627 – Prédio da Reitoria 7 andar sala 7018 – CEP 31270-901

APÊNDICE 3

Freqüência do FVL e das mutações/polimorfismos no gene da MTHFR, protrombina e sistema Abo em pacientes com AVC, provenientes do Estado do Rio de Janeiro.

Freqüência da mutação no gene da MTHFR - (C677T) em pacientes com AVC - RJ.

Mutaç�o	Freqüência dos gen�tipos		
	N�o detectado (CC)	Heterozigoto (CT)	Homozigoto (TT)
MTHFR - C677T			
Controle (n =201)	95 (47,3%)	85 (42,3%)	21 (10,4%)
AVC (n = 63)	35 (55,6%)	24 (38,1%)	4 (6,3%)
Odds Ratio		0,84	0,58
Intervalo de confian�a 95%		0,45 – 1,56	0,16 – 1,89
Valor de p		0,66	0,47

p<0.05

Freqüência do fator V Leiden (G1691A) em pacientes com AVC - RJ

Mutaç�o	Freqüência dos gen�tipos	
	N�o detectado (GG)	Heterozigoto (GA)
FVL – G1691A		
Controle (n =201)	199 (99,0%)	2 (1,0%)
AVC (n = 63)	60 (95,2%)	3 (4,8%)
Odds Ratio		4,97
Intervalo de confian�a 95%		0,66 – 43,69
Valor de p		0,09

p<0,05

Freqüência da mutação no gene da protrombina (G20210A) em pacientes com AVC.

Mutação	Freqüência dos genótipos	
	Não detectado (GG)	Heterozigoto (GA)
PT – G20210A		
Controle (n = 201)	200 (99,5%)	1 (0,5%)
AVC (n = 63)	57 (90,5%)	6 (9,5%)
Odds Ratio		21,05
Intervalo de confiança 95%		2,44 – 423,62
Valor de p		< 0,001

p<0,05

Freqüência dos genótipos do sistema ABO entre os pacientes com AVC

Genótipos	Pacientes n= 58 (%)	Controles n= 201 (%)	OR	IC 95%	Valor p
A1A1	1 (1,7)	7 (3,5)	0,48	0,02 – 4,18	0,68
A1A2	2 (3,4)	9 (4,5)	0,76	0,11 – 3,94	1,00
A1O1	22 (37,9)	43 (21,4)	2,09	1,06 – 4,11	0,03
A1O2	ND	ND			
A2A2	1 (1,7)	1 (0,5)	2,98	0,0 – 111,09	0,44
A2O1	3 (5,2)	11 (5,5)	0,98	0,20 – 4,15	1,00
A2O2	ND	1 (0,5)			
A1B	2 (3,4)	8 (4,0)	0,84	0,12 – 4,58	1,00
A2B	1 (1,7)	ND			
BB	1 (1,7)	ND			
BO1	6 (10,3)	19 (9,5)	1,45	0,54 – 3,83	0,57
BO2	ND	ND			
O1O1	18 (31,3)	85 (48,8)	0,42	0,21 – 0,84	0,01
O1O2	ND	4 (2,3)	1,17		
O2O2	1 (1,7)	2 (1,2)	1,75	inválido	0,54

p<0,05

Frequência dos alelos entre pacientes com AVC e controles

Alelos	Pacientes 116 (%)	Controles 402 (%)	OR	IC 95%	Valor p
A1	27 (23,3)	74 (18,4)	1,40	0,81 – 2,39	0,88
A2	6 (5,2)	23 (5,7)	0,88	0,31 – 2,39	1,00
O1	68 (58,6)	268 (67,0)	0,66	0,42 – 1,04	0,03
O2	2 (1,7)	10 (2,5)	0,65	1,10 – 3,28	0,02
B	13 (11,5)	27 (6,4)	1,67	0,77 – 3,57	0,09

$p < 0,05$

ANEXO 1

Protocolos para preparação de reagentes utilizados na eletroforese

TBE 5X	
Tris base	54 g
Ácido bórico	27,5 g
EDTA 0,5M pH: 8,0	20 ml
Água bidestilada	q.s.p. 1000 mL
TBE 1X	
TBE 5X	200 mL
Água destilada	1800 mL
SOLUÇÃO PARA GEL DE POLIACRILAMIDA 6%	
Acrilamida	58 g
Bisacrilamida	2,0 g
TBE 5X	200 ml
Água bidestilada	q.s.p. 1000 mL
SOLUÇÃO PARA GEL DE POLIACRILAMIDA 8%	
Acrilamida	77,3 g
Bisacrilamida	2,6 g
TBE 5X	200 ml
Água bidestilada	q.s.p. 1000 mL
APS 10%	
Persulfato de amônio	30 g
Água	300 mL
TAMPÃO DE AMOSTRA 2X	
Ficoll 400	12,5 g
Azul de bromofenol	0,05 g
Xilenocianol	0,05 g
TBE 5X	75 mL
Água bidestilada	q.s.p. 1000 mL
SOLUÇÃO FIXADORA	
Etanol PA	5 mL
Ácido acético glacial	250 µL

Água destilada	45 mL
SOLUÇÃO DE NITRATO DE PRATA	
Nitrato de prata	0,15 g
Água destilada	50 mL
SOLUÇÃO REVELADORA	
Hidróxido de sódio	1,5 g
Formaldeído	150 µL
Água destilada	50 mL

q.s.p.: quantidade suficiente para

