

**BY
PARTICIPATING,**
you can help shape
the future care of people
with hemophilia around
the world!



WFH

WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

WFH.ORG

**ID
CARD**



WBDR

**WFH WORLD BLEEDING
DISORDERS REGISTRY**

WBDR ID CARD

WBDR.WFH.ORG

WBDR patient ID: _____

Patient name: _____

Date of birth: _____

Hemophilia type: _____ **Severity:** _____

Telephone: _____

Email: _____

In case of emergency, please contact

Name: _____

Telephone: _____

Email: _____

Hemophilia Treatment Centre

Centre name: _____

Physician name: _____

Telephone: _____