Q1 - How many patients with VTE have you had over the last 36 months – please provide a count of patients in the table below, with a number for each month of each year.

2015

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
					43	62	44	40	40	41	35	<<< Please fill out here

2016

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
50	30	51	44	32	42	36	39	48	48	33	33	<<< Please fill out here

2017

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
41	40	36	34	69	48	41	47	52	55	42	52	<<< Please fill out here

2018

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
46	40	63	63	52								<<< Please fill out here

Q2 - How many hip replacements has your hospital performed over the last 36 months – please provide a count of replacements, in the table below, with a number for each month of each year

2015

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
					27	40	39	25	34	41	43	<<< Please fill out here

2016

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
35	38	44	46	39	35	36	32	37	43	28	29	<<< Please fill out here

2017

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17	25	41	28	42	39	29	35	28	38	35	33	<<< Please fill out here

2018

Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
12	13	15	33	44								<<< Please fill out here