Severe Chronic Neutropenia International Registry United States Office at the	SCNIR Phone: 206-543-9   1107 NE 45 <sup>th</sup> St, Suite #345 800-726-4   Seattle, WA 98105 Fax: 206-543-3	463		
University of Washington				
SCREENING CHECKLIST				
Physician Name:	Specialty:			
Institution Name:				
Institution Address:				
City: State/Proving	e: Zip Code: Country:	Country:		
Phone:	Fax: Pager:			
Email:				
Patient's Initials:	Date of Diagnosis: //			
First Middle Last Month Day Year				
Date of Birth: //   Month Day Y	Month Day Year			
Sex: (check one)  □ Male □ Female □ Autoimmune □ Other (specify): □ □ □				
*provide documentation of regular cycling in the form of CBCs done 3x/week for 6 weeks prior to the patient's first ever exposure to cytokine (G-CSF/Neupogen®).				
If your patient has a sub-diagnosis of <b>Barth Syndrome</b> , <b>Shwachman-Diamond Syndrome</b> (SDS), <b>Glycogen Storage Disease</b> (Type 1b), or <b>Myelokathexis</b> please submit the corresponding lab evaluations that support the sub-diagnosis (eg, Gene Dx, laboratory reports, SDS report from the SickKids Molecular Genetics Laboratory in Toronto, Canada).				
Evaluation Criteria		Yes	No	
Is the patient receiving cytokine (G-CSF/Neupogen®)? Date started: //// Month Day Year				
3 CBCs with ANC < 0.5 X $10^{9}$ /L within 3 months before initial dose of cytokine (G-CSF/Neupogen®)?				
History of recurrent infections before initial dose of cytokine (G-CSF/Neupogen®)?				
Bone marrow evaluation done (submit copies of all evaluations)?				
Cytogenetic evaluation done (submit copies of all evaluations)?				
MDS/Leukemia?				

Known immunologic or rheumatologic diseases? (e.g. rheumatoid arthritis, systemic lupus)

Date of drug/chemotherapy exposure:

Drug or chemotherapy induced neutropenia?

Other hematological disorder? (e.g. Felty's Syndrome)

Thrombocytopenia (< 50 X 10<sup>9</sup>/L)?

Anemia (less than 8 gm/dL)?

Aplastic anemia?

Year

Month

Day