

**Severe Chronic Neutropenia  
International Registry**

1107 NE 45th Street, Suite 345  
Seattle, WA 98105  
Phone 206-543-9749 Fax 206-543-3668

Patient's Full Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Patient's ID#: \_\_\_\_\_  
*Month / Day / Year*

**Glomerulonephritis Survey**

*Please attach all pertinent laboratory reports.*

**1. Details of Kidney Function:**

Test	Units (circle one)	Date:	Date:	Date:	Date:
		____/____/____ <i>Month Day Year</i>	____/____/____ <i>Month Day Year</i>	____/____/____ <i>Month Day Year</i>	____/____/____ <i>Month Day Year</i>
<b>Serum Tests</b>					
Creatinine	mg/dl    mmol/L				
BUN	mg/dl    mmol/L				
Albumin/protein	Gm/dl    g/L				
<b>Urine Tests</b>					
Creatinine	mg/dl				
Creatinine Clearance	ml/min				
Occult Blood					
Casts					
<b>Other relevant tests (specify)</b>					

**2. Was a Kidney Biopsy Done? (Check one below)**

- Yes, please summarize results below and provide copy of report including light and electron microscopy.  
 No, skip to next question.

Immunoglobulin stain:

**3. Type of Glomerulonephritis:**

- None, only hematuria; attributed to: \_\_\_\_\_  
 Acute  
 Sub-acute: over what duration? \_\_\_\_\_  
 Chronic: over what duration? \_\_\_\_\_  
 Progressive

**4. Etiology: (Check all that apply)**

- Immune  
 Infection  
 G-CSF treatment  
 Other (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

**5. Treatment:**

Check if Administered	Effective?	
	Yes	No
<input type="checkbox"/> Steroids	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduction in G-CSF dose	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**6. Other Medical Diagnoses: (List All)**

\_\_\_\_\_