Case Report Form
Patients with suspected primary immunodeficiency diseases (PIDs)

Refering Phy. _____(last)_____(first) FAX_____ TEL_____
Phy. City _____e-Mail _____
Patient Name:_____(last)_____(first) Gender: ☐ Male ☐ Female
Date of Birth: ____(MM) / ____(DD) / ____(YY)

1.1 Clinical Presentation Leading to Diagnosis (Check all that apply.)

☐ Increased Susceptibility to Infections (e.g. recurrent, unusual or severe)
☐ Positive Family History (detail if possible)
☐ Consanguinity
☐ Lymphadenopathy and/or ☐ large tonsils
☐ PCP Pneumonia
☐ Other: e.g. neutropenia

Age at Onset: ____(YRS) / ___(MOS) **Date of Diagnosis**: ____(MM) / ____(DD) / ____(YY)

1.2 Tests Performed to Establish/Confirm Diagnosis (Check all that apply.)

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***1.2.1* Immunoglobulin Levels at (closest to) Diagnosis:**
____(MM) / ____(DD) / ____(YY) or
____(YRS) / ___(MOS)

Level (mg/dl)		Low	Normal [for age]	High
Pre-Ig Tx (put number data, please)				
IgG	mg/dl	☐	☐	☐
IgA	mg/dl	☐	☐	☐
IgM	mg/dl	☐	☐	☐
IgE	(IU/ml)			
IgG1 _____	mg/dl	☐	☐	☐
IgG2 _____	mg/dl	☐	☐	☐
IgG3 _____	mg/dl	☐	☐	☐
IgG4 _____	mg/dl	☐	☐	☐

***1.2.2* Antibody Responses at (closest to) Diagnosis:**
____(MM) / ____(DD) / ____(YY) or
____(YRS) / ___(MOS)

	Low	Normal	High
Diphtheria	☐	☐	☐
Tetanus	☐	☐	☐
Hib (PRP)	☐	☐	☐
Pneumoccal Polysaccharide	☐	☐	☐
Others: _____	☐	☐	☐
_____	☐	☐	☐

***1.2.3* Lymphocyte Subset Prior (closest) to Diagnosis:** ____(MM) / ____(DD) / ____(YY) or ____(YRS) / ___(MOS)

Absolute Lymphocyte Count:_____/mm3; Absolute Neutrophil Count:_____/mm3
Hemoglobulin _____ mg/dl; Platelet _____/mm3

HLA-DR	*CD2*	*CD3*	*CD4*	*CD8*	*CD19/20*	*SIg+*	*CD16/56*	*CD4/CD8*	
____%	____%	____%	____%	____%	___,___%	_____%	___,___%		(percent)
_____	_____	_____	_____	_____	_____	_____	_____		(Absolute number)

***1.2.4* Lymphocyte Proliferation (Mitogen):**
___(MM) / ____(DD) / ____(YY) or ____(YRS) / ___(MOS)

	Normal	Low	Absent	Not done
PHA	☐	☐	☐	☐
CON A	☐	☐	☐	☐
Anti-CD3	☐	☐	☐	☐
Pokweed	☐	☐	☐	☐
Allogeneic (MLC)	☐	☐	☐	☐

***1.2.5* Lymphocyte Proliferation (Antigen):**
___(MM) / ____(DD) / ____(YY) or ____(YRS) / ___(MOS)

	Normal	Low	Absent	Not done
Diphtheria	☐	☐	☐	☐
Tetanus	☐	☐	☐	☐
Other:	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

1.2.6 EBV infection:

☐ ***seropositive*** (which type below & ☐appear ***prior*** HGIM ☐***after*** HIGM or ☐***uncertain***) ☐ ***seronegative*** ☐ ***unknown***

☐anti-EBNA ☐anti-VCA IgM ☐anti-VCA IgG ☐anti-VCA IgA

1.3 Treatment after Diagnosis

	Never	Intermittent	Constant
IM or SC Gammaglobulin	☐	☐	☐
IVIG	☐	☐	☐
G-CSF	☐	☐	☐
Steroids	☐	☐	☐
Trimethoprim/Sulfa (PCP prophylaxis)	☐	☐	☐

Other: _____

2.1 Infection

Indicate episodes* as **"Had Once" (1)** or **"Had>Once (>1)"** with a check mark. ***And ; please write down How many times (number/per year)***	**Episode**			
	Prior Dx 1	**(put number, please) Over 1 *number/per year***	**After Dx** 1	**(put number, please)** >1
Pneumonia		***/per year***		***/per year***
Otitis		***/per year***		***/per year***
Oral lesions: ulcers		***/per year***		***/per year***
Diarrhea		***/per year***		***/per year***
Sinusitis		***/per year***		***/per year***
Sepsis		***/per year***		***/per year***
Meningitis/ Encepalitis		***/per year***		***/per year***
Septic Arthritis		***/per year***		***/per year***
Osteomyelitis		***/per year***		***/per year***
Abscess (which organ _____)		***/per year***		***/per year***
Pyoderma		***/per year***		***/per year***
Hepatitis (which type _____)		***/per year***		***/per year***
Sclerosing cholangitis		***/per year***		***/per year***
Molluscum contagiosum		***/per year***		***/per year***
Cryptosporidium		***/per year***		***/per year***
Parvovirus B19		***/per year***		***/per year***
Histoplasmosis		***/per year***		***/per year***
Complication of live Virus immunization ☐ Polio ☐ MMR* ☐ Varicella Please indicate which one.		***/per year***		***/per year***
Other:		***/per year***		***/per year***
Other:		***/per year***		***/per year***

2.2 Autoimmune Disorder

	Date MM/DD/YY (if occurred)
Inflammatory Bowel Disease (Crohn's, colitis)	_____
Intestinal Nodular Lymphoid Hypersplasia	_____
Arthritis (e.g. Rheumatoid, JRA)	_____
Vasculitis	_____
Cirrhosis	_____
☐Autoimmune or ☐uncertain cause Hemolytic Anemia	_____
☐Autoimmune or ☐uncertain cause Neutropenia	_____
☐Autoimmune or ☐uncertain cause Thrombocytopenia	_____

Autoantibodies list:	
ANA positive	☐
Anti neutrophil antibody	☐
Anti platelet antibody	☐
Coombs' positive (direct)	☐
Isohemagglutinins	☐

2.3 Malignancy (specify type) _____ **Age at Diagnosis of Malignancy** _____

2.4 Skin or dental abnormalities (ectodermal dysplasia)

☐ ***conical-shaped incisor*** ☐ ***hypodonia (missing teeth)*** ☐ ***lymphoedema***

☐ ***bizarre scalp hair*** ☐ ***inadequate sweating*** ☐ ***osteoporosis*** ☐ ***other:*** _____

Describe details

3 Current Status

Alive and Well: ☐

Alive BUT:

Chronic Lung Disease ☐
Cholangitis ☐
Encephalitis ☐
Lymphadenopathy ☐
Splenomegaly ☐
Liver Disease ☐

Others: _____
_____

DESEASED ☐ date____ (MM)____ (DD)_____ (YY)

Cause(s) of Death: _____

Date of Last Contact with Patient (by phone or in person): _____ (person)
____ (MM)____ (DD)_____ (YY)

4 Family Pedigrees (Please draw if possible)

有任何疑問請聯絡:

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