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| Clinical checklist ‘Primary immune deficiency (PID) gene panel’ |
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| Centrum Medische Genetica UZ Gent  |

**Providing relevant clinical information is mandatory** (ARTIKEL 33, K.B. 10.11.2012 - IN WERKING 1.1.2013, BETREFFENDE DE NOMENCLATUUR VAN DE GENEESKUNDIGE VERSTREKKINGEN: ELKE AANVRAAG WORDT GEVALIDEERD DOOR EEN ERKEND KLINISCH GENETICUS). A checklist for PID panel analysis is required. We kindly ask you to be as

precise and specific as possible, requests with an incomplete or missing checklist will not be accepted.

**NAME PATIENT**: Click and enter text.

**DATE OF BIRTH**: Choose date. **REFERRING PHYSICIAN**: Click and enter text.

**RIZIV NUMBER**: Click and enter text.

1. PID classification

*Please indicate the PID class based on the classification of the International Union of Immunological Societies Expert Committee (IUIS) (PMIDs: 33598806, 32048120, 31953710).*

[ ]  Severe combined immune deficiency (SCID) / Combined immune deficiency (CID)

[ ]  Predominantly antibody deficiencies (PAD)

[ ]  Agammaglobulinemia

[ ]  Hypogammaglobulinemia

[ ]  Common variable immune deficiency (CVID)

[ ]  Phagocyte defect (neutropenia, functional defect)

[ ]  Immune dysregulation

 [ ]  Hemophagocytic lymphohistiocytosis (HLH)

[ ]  Chronic EBV

[ ]  Colitis

[ ]  Autoimmune lymphoproliferative syndrome (ALPS)

[ ]  Autoimmunity

[ ]  Innate immune deficiency

 [ ]  Invasive bacterial infections

 [ ]  specify: Click and enter text.

[ ]  Invasive viral infections

 [ ]  specify: Click and enter text.

[ ]  Mycobacteria

[ ]  Candida/fungal infections

[ ]  Complement deficiency

 [ ]  specify: Click and enter text.

[ ]  Bone marrow failure

 [ ]  specify: Click and enter text.

[ ]  Autoinflammation

 [ ]  Predominantly fever

[ ]  Predominantly organ damage (skin, mucosa, joints)

[ ]  Type 1 interferonopathy

1. Other relevant clinical manifestations

[ ]  Syndromic features: yes no

 [ ]  If yes, specify: Click and enter text.

[ ]  Malignancy: yes no

 [ ]  If yes, specify: Click and enter text.

[ ]  Other: yes no

 [ ]  If yes, specify: Click and enter text.

1. Other relevant screening

[ ]  Immunophenotyping: yes no

 [ ]  If yes, result: Click and enter text.

[ ]  Previous genetic screening: yes no

 *E.g. Molecular karyotyping, fever panel,…*

 [ ]  If yes, result: Click and enter text.

1. Familial PID history

[ ]  Family history: yes no unknown

 [ ]  If yes, please indicate which family members are affected: Click and enter text.

[ ]  Consanguinity: yes no unknown

1. Indication/clinical information

Click and enter text.