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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.