



Study #021
DFstudy130

Plate #130
DFplate130

Seq #003
DFseq003

Participant ID # - -
id_130

Visit Date
day month year
v_date130

Baseline Systemic Diagnoses Confirmation Form

For each of the following conditions, please indicate whether a physician has confirmed the diagnosis. If you are unable to obtain confirmation of diagnosis from the physician for a particular condition, mark "Unable to obtain."

yes no Unable to obtain

- bsd1 1. Graves' disease..... 1 2 3

bsd1a 1a. Year of Diagnosis: **bsd1b** 1b. Confirmed by: 1 GP 2 Specialist Go to item 2
- bsd2 2. Hashimoto's thyroiditis..... 1 2 3

bsd2a 2a. Year of Diagnosis: **bsd2b** 2b. Confirmed by: 1 GP 2 Specialist Go to item 3
- bsd3 3. Interstitial nephritis..... 1 2 3

bsd3a 3a. Year of Diagnosis: **bsd3b** 3b. Confirmed by: 1 GP 2 Specialist Go to item 4
- bsd4 4. Primary biliary cirrhosis..... 1 2 3

bsd4a 4a. Year of Diagnosis: **bsd4b** 4b. Confirmed by: 1 GP 2 Specialist Go to item 5
- bsd5 5. Automimmune hepatitis..... 1 2 3

bsd5a 5a. Year of Diagnosis: **bsd5b** 5b. Confirmed by: 1 GP 2 Specialist Go to item 6
- bsd6 6. Renal tubular acidosis..... 1 2 3

bsd6a 6a. Year of Diagnosis: **bsd6b** 6b. Confirmed by: 1 GP 2 Specialist Go to item 7
- bsd7 7. Glomerulonephritis..... 1 2 3

bsd7a 7a. Year of Diagnosis: **bsd7b** 7b. Confirmed by: 1 GP 2 Specialist Go to item 8
- bsd8 8. Lymphoma..... 1 2 3

bsd8a 8a. Year of Diagnosis: **bsd8b** 8b. Confirmed by: 1 GP 2 Specialist Go to item 9
- bsd9** 9. Other..... 1 2 Go to item 10

Specify: _____ bsd9_sp
- bsd10 10. Autoimmune or Interstitial lung disease..... 1 2 3

bsd10a 10a. Year of Diagnosis: **bsd10b** 10b. Confirmed by: 1 GP 2 Specialist Go to Staff initials

Staff Initials
staff_init130

Staff Signature and Date _____
lang130 ver130