



Study #021
DFstudy430

Plate #430
DFplate430

Seq #005
DFseq005

Participant ID # - -
id_430

Visit Date
day month year
v_date430

Follow-up 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

- fsd1 1. Graves' disease..... 1 2 3
 fsd1a 1a. Year of Diagnosis: 1b. Confirmed by: 1 GP 2 Specialist
 fsd1b Go to item 2
- fsd2 2. Hashimoto's thyroiditis..... 1 2 3
 fsd2a 2a. Year of Diagnosis: 2b. Confirmed by: 1 GP 2 Specialist
 fsd2b Go to item 3
- fsd3 3. Interstitial nephritis..... 1 2 3
 fsd3a 3a. Year of Diagnosis: 3b. Confirmed by: 1 GP 2 Specialist
 fsd3b Go to item 4
- fsd4 4. Primary biliary cirrhosis..... 1 2 3
 fsd4a 4a. Year of Diagnosis: 4b. Confirmed by: 1 GP 2 Specialist
 fsd4b Go to item 5
- fsd5 5. Automimmune hepatitis..... 1 2 3
 fsd5a 5a. Year of Diagnosis: 5b. Confirmed by: 1 GP 2 Specialist
 fsd5b Go to item 6
- fsd6 6. Renal tubular acidosis..... 1 2 3
 fsd6a 6a. Year of Diagnosis: 6b. Confirmed by: 1 GP 2 Specialist
 fsd6b Go to item 7
- fsd7 7. Glomerulonephritis..... 1 2 3
 fsd7a 7a. Year of Diagnosis: 7b. Confirmed by: 1 GP 2 Specialist
 fsd7b Go to item 8
- fsd8 8. Lymphoma..... 1 2 3
 fsd8a 8a. Year of Diagnosis: 8b. Confirmed by: 1 GP 2 Specialist
 fsd8b Go to item 9
- fsd9 9. Other..... 1 2 Go to item 10
 Specify: _____ fsd9_sp
- fsd10 10. Autoimmune or Interstitial lung disease..... 1 2 3
 fsd10a 10a. Year of Diagnosis: 10b. Confirmed by: 1 GP 2 Specialist
 fsd10b Go to Staff initials

Staff Initials
staff_init430

Staff Signature and Date _____
lang430 ver430