**Severe Chronic Neutropenia International Registry**  
SCNIR  
1107 NE 45th St, Suite #345  
Seattle, WA 98105  
Phone: 206-543-9749  
Fax: 206-543-3668  

**SCREENING CHECKLIST**

<table>
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<tr>
<th>Physician Name:</th>
<th>Specialty:</th>
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<td>Institution Name:</td>
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<td>Institution Address:</td>
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City:  State/Province: Zip Code: Country:  
Phone: Fax: Pager: Email:  

**Patient’s Initials:**  
First Middle Last  

**Date of Diagnosis:**  
Month Day Year  

**Date of Birth:**  
Month Day Year  

**Diagnosis:** (check one)  
- Congenital  
- Cyclic*  
- Idiopathic  
- Autoimmune  
- Other (specify):___________________  

*=provide documentation of regular cycling in the form of CBCs done 3x/week for 6 weeks prior to the patient’s first ever exposure to cytokine (G-CSF/Neupogen®).

If your patient has a sub-diagnosis of Barth Syndrome, Shwachman-Diamond Syndrome (SDS), Glycogen Storage Disease (Type 1b), or Myelokathexis please submit the corresponding lab evaluations that support the sub-diagnosis (eg, Gene Dx, laboratory reports, SDS report from the SickKids Molecular Genetics Laboratory in Toronto, Canada).

**Evaluation Criteria**

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<tr>
<th>Yes</th>
<th>No</th>
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- **Is the patient receiving cytokine (G-CSF/Neupogen®)?**  
  Date started: Month Day Year  
  
- **3 CBCs with ANC < 0.5 x 10^9/L within 3 months before initial dose of cytokine (G-CSF/Neupogen®)?**  
  
- **History of recurrent infections before initial dose of cytokine (G-CSF/Neupogen®)?**  
  
- **Bone marrow evaluation done (submit copies of all evaluations)?**  
  
- **Cytogenetic evaluation done (submit copies of all evaluations)?**  
  
- **MDS/Leukemia?**  
  
- **Drug or chemotherapy induced neutropenia?**  
  Date of drug/chemotherapy exposure: Month Day Year  
  
- **Thrombocytopenia (< 50 x 10^9/L)?**  
  
- **Anemia (less than 8 gm/dL)?**  
  
- **Aplastic anemia?**  
  
- **Known immunologic or rheumatologic diseases?** (eg. rheumatoid arthritis, systemic lupus)  
  
- **Other hematological disorder?** (eg. Felty’s Syndrome)