

Vasculitis Registry.

Study ID Number _____

Please circle or fill in what information is available. Thank you.

1. Consent Form Signed? Date _____
2. Male / Female D.O.B _____
3. Medical History
 - a. Start/stop dates.
 - b. Co-morbidities
4. Current Medications
 - a. Start/stop dates
5. Ethnicity
 - a. Country Born. Date arrived in Ireland
 - b. Grandparents ethnicity
6. Height. Weight _____
7. Smoker Employed F/T, P/T or retired
8. Family history of vasculitis.
9. ANCA Pattern ANCA Specificity
10. Diagnosis _____ Date of Diagnosis _____
11. Diagnosis confidence Biopsy Performed? Vasculitis on Bx
12. Systems involved if Lung – Haemorrhage /Granuloma
13. Induction Treatment
14. Maintenance Treatment
15. Plasma Exchange Type Date Volume
16. Pulse administration
 - a. Start/stop dates
 - b. Pred/ Cyclophosphamide/ Rituximab/IVIG
17. Vascular imaging
18. Date of encounter _____
19. Remission / active disease / low disease activity
20. Urinalysis
21. ESRD dialysis Type
22. Bloods

<u>HB</u>	<u>Plats</u>	<u>Neutro</u>	<u>Lymph</u>	<u>Eosin</u>	
<u>WCC</u>	<u>Cr</u>	<u>CRP</u>	<u>eGFR</u>	<u>ESR</u>	<u>ANCA</u>
<u>anti-PR3</u>	<u>anti-MPO</u>	<u>CHOL</u>	<u>IgG</u>	<u>IgA</u>	<u>IgM</u>

Name of doctor taking consent and samples _____