



**LGL Travel Fund  
Financial  
Assistance  
Application Form**

**Demographic Information**

Name	Date of Birth	Preferred Phone Number	E-mail
	<input type="text"/>		

Address

Sex	Race
Male	White, not of Hispanic Origin
Female	Black, Not of Hispanic Origin
	Hispanic
	Asian/Pacific Islander
	American Indian/Alaskan Native
	Other

**Clinical Information**

Type of Diagnosis	Has T cell gene rearrangement test been performed?	If yes, was test positive?
T-LGL	Yes	Yes
NK LGL	No	No
		Do Not Know

Has a flow cytometry panel for leukemia/lymphoma been performed?	If yes, did it support a diagnosis of LGL Leukemia?
Yes	Yes
No	No
	Do Not Know

Is there a personal history of cancer or other autoimmune conditions?

- Other Cancer
- Rheumatoid Arthritis
- Pure Red Cell Aplasia
- Other Autoimmune Condition
- No Other History

Is there a family history of Rheumatoid Arthritis?

- Yes
- No
- Do Not Know

Treatment History

Are you currently taking:

- Methotrexate
- Cytoxan (Cyclophosphamide)
- Cyclosporine

Have you previously taken:

- Methotrexate
- Cytoxan (Cyclophosphamide)
- Cyclosporine

For these treatments what is/was the response?

Methotrexate

Cytoxan

Cyclosporine

Response

Response

Response

No Response

No Response

No Response

Did therapy have to be discontinued for any treatment due to side effects?

Methotrexate

Cytoxan

Cyclosporine

Yes

Yes

Yes

No

No

No