Large Granular Lymphocyte (LGL) Leukemia Registry
PATIENT INFORMATION QUESTIONNAIRE

Patient Name:

Patient Information

1. On what date was this questionnaire completed?

2. Please print your full name in the boxes below:

   Last Name:
   First Name:
   Middle Name:

3. Please print your address in the boxes below:

   Street:
   Apt #:
   City:
   State: Zip Code: -

4. Please print your email address in the boxes below:

5. What is your home telephone number? (Area Code) - -

6. What is your mobile (or work) telephone number? - - (Ext.)

7. On what date were you born? Month / Day / Year

8. What is your gender? ☐ Male ☐ Female

9. What is your race? ☐ Decline to Answer ☐ More than one race
   - ☐ White or Caucasian
   - ☐ Black or African American
   - ☐ Asian
   - ☐ American Indian/Alaskan Native
   - ☐ Hawaiian/Pacific Islander
   - ☐ Other _____

10. What is your ethnicity? ☐ Decline to Answer
    - ☐ Latino or Hispanic origin
    - ☐ Not of Latino or Hispanic origin

11. What (if any) medications are you currently taking for LGL? ☐ Decline to Answer ☐ None
    - ☐ Methotrexate
    - ☐ Neupogen/Neulasta
    - ☐ Cyclosporine A
    - ☐ Prednisone
    - ☐ Cytoxan
    - ☐ Other _____

12. What (if any) medications have you ever taken for LGL? ☐ Decline to Answer ☐ None
    - ☐ Methotrexate
    - ☐ Neupogen/Neulasta
    - ☐ Cyclosporine A
    - ☐ Prednisone
    - ☐ Cytoxan
    - ☐ Other _____

13. Have you been diagnosed with any of the following? ☐ Decline to Answer ☐ None
    - ☐ Rheumatoid Arthritis
    - ☐ Pure Red Cell Aplasia
    - ☐ Other _____

14. Have you had any of the following testing? ☐ Decline to Answer ☐ None
    - ☐ Bone Marrow Biopsy
    - ☐ Complete Blood Count
    - ☐ Flow Cytometry
    - ☐ Mutation Profiling test(s)
    - ☐ TCR (T-Cell Gene Rearrangement
    - ☐ Other_____