

Severe Chronic Neutropenia
International Registry

Patient ID Number

Patient Initials

*In case of one of the following events
please send this fax to the SCNIR immediately.
You will later receive a specific questionnaire
for detailed information from SCNIR.*

G-CSF -Treatment
for neutropenia

yes

no

if stopped, stop date

Brand name

if other, please indicate

Change of G-CSF - Product

Date of change

Brand name

if other, please indicate

Pregnancy

yes

no

Date of expected delivery

Malignancy

Leukemia

other

Date of diagnosis

if other, please indicate

Osteoporosis

yes

no

Date of diagnosis

Diagnosed by:

QCT

Dexascan

Fractures:

yes

X-Ray

not known

no

Address:

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