Study #021 Plate #020 Seq #003

DFPlate020

Participant ID # ☐☐ – ☐☐☐☐ – ☐☐ **Visit Date** ☐☐ ☐☐ ☐☐

day *month* *year*

Baseline Data Checklist

☐ Relative Status

Baseline Forms

1. Mark and send forms that were completed

bd1_bq ☐ Baseline Questionnaire (BQ))

☐ Baseline Medical History (BM)

☐ Baseline Oral and Salivary Assessment Form (BO)

☐ Baseline Eye Examination Form (BE)

☐ Baseline Rheumatologic Examination (BR)

☐ Baseline Blood/Saliva Collection Form (BB)

bd1_bc ☐ Baseline CBC with Differentials Results Form (BC)

bd1_bsd ☐ Baseline Systemic Diagnoses Confirmation Form (BSD)

bd1_df ☐ Discontinuation Form (DF)

Drug Use

Indicate if the participant is currently taking the following classes of medications:

		yes	*no*
bd2a	2a. Anticholinergic drugs	☐	☐
bd2b	2b. Thyroid replacement drugs	☐	☐
bd2c	2c. Corticosteroids	☐	☐
bd2d	2d. NSAIDS	☐	☐
bd2e	2e. Alkylating agents	☐	☐
bd2f	2f. Antimetabolites	☐	☐
bd2g	2g. TNF alpha inhibitors	☐	☐
bd2h	2h. Other DMARDS	☐	☐
bd2i	2i. Antimalarials	☐	☐
bd2j	2j. Cholinomimetic drugs	☐	☐
bd2k	2k. Anti- CD-20 (within the past 12 months)	☐	☐
bd2l	2l. Other immune modifying biological agents	☐	☐

Staff Initials ☐☐☐ staff_init_020

Staff Signature and Date _____

1.05 lang_020 ver_020