Baseline Systemic Diagnoses Confirmation Form

For each of the following conditions, please indicate whether a physician has confirmed the diagnosis. If you are unable to obtain confirmation of diagnosis from the physician for a particular condition, mark "Unable to obtain."

yes  no  Unable to obtain

1. Graves’ disease
   1a. Year of Diagnosis:
   1b. Confirmed by: 1 GP  2 Specialist

2. Hashimoto’s thyroiditis
   2a. Year of Diagnosis:
   2b. Confirmed by: 1 GP  2 Specialist

3. Interstitial nephritis
   3a. Year of Diagnosis:
   3b. Confirmed by: 1 GP  2 Specialist

4. Primary biliary cirrhosis
   4a. Year of Diagnosis:
   4b. Confirmed by: 1 GP  2 Specialist

5. Autoimmune hepatitis
   5a. Year of Diagnosis:
   5b. Confirmed by: 1 GP  2 Specialist

6. Renal tubular acidosis
   6a. Year of Diagnosis:
   6b. Confirmed by: 1 GP  2 Specialist

7. Glomerulonephritis
   7a. Year of Diagnosis:
   7b. Confirmed by: 1 GP  2 Specialist

8. Lymphoma
   8a. Year of Diagnosis:
   8b. Confirmed by: 1 GP  2 Specialist

9. Other
   Specify: bsd9_sp

10. Autoimmune or Interstitial lung disease
    10a. Year of Diagnosis:
    10b. Confirmed by: 1 GP  2 Specialist