

**CLU Medical Record Abstract:
SLE Eligibility Criteria
Cover Sheet**

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MR#: _____ DOB: ____/____/____
Name: _____ Race: W Af-Am. Nat-Am. Asian Other: _____
Address: _____ Hispanic: Y N

Sex: M F
H Phone: (____) _____ Date of Lupus diagnosis
W Phone: (____) _____ (from chart): _____
Other Phone: (____) _____

Referring Physician: _____

Abstractor: _____

Date of record review: _____

Location: DUMC _____ Date letter sent to patient: ____/____/____ CODA notified? Y N
UNC _____ Date letter sent to patient: ____/____/____ CODA notified? Y N
ECU _____
MUSC _____
Private Practice (name) _____
Public Clinic (name) _____
Other _____

Patient eligible? Y N

MD permission to contact? Y N

[COVER SHEET IS DETACHED AND LOCKED FOLLOWING VERIFICATION OF PERSONAL IDENTIFIERS.]

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ver. 9/24/97

Patient is eligible if 4 or more of criteria 1 - 11 are met.

CLU Study ID _____

MR # _____

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[BLANK IMPLIES NO MENTION OF SYMPTOM OR TEST NOT DONE.]				
Diagnosis or Tests	Definition	Sx = Y or N Test* = Pos or Neg	Date 1st Dx or Test Date mo/day/yr	Comments or Circle Result
1. Malar rash	<i>fixed erythema, flat or raised, over the malar eminences, tending to spare nasolabial folds</i>	Y N	___/___/___	
2. Discoid rash	<i>erythematous raised patches with adherent keratotic scaling and follicular plugging, atrophic scarring may occur in older lesions</i>	Y N	___/___/___	
3. Photo-sensitivity	<i>skin rash as a result of unusual reaction to sunlight, by patient history or MD observation</i>	Y N	___/___/___	
4. Oral ulcers	<i>oral or naso-pharyngeal ulceration, usually painless, observed by a MD</i>	Y N	___/___/___	
5. Arthritis	<i>nonerosive arthritis involving 2 peripheral joints, with tenderness, swelling, or effusion</i>	Y N	___/___/___	
Serositis				
6a. Pleuritis	<i>6a. convincing hx of pleuritic pain or rub heard by a MD or evidence of pleural effusion</i>	Y N	___/___/___	pain rub effusion
6b. Pericarditis	<i>6b. documented by ECG or rub or evidence of pericardial effusion</i>	Y N	___/___/___	rub ECG effusion
Renal disorder	<i>[RECORD 2 HIGHEST TESTS]</i>			
7a. Proteinuria	<i>7a. Result might be a specific quantitation or "> 0.5 g/day" or ">3+"</i>	Pos g Ne	___/___/___ ___/___/___	_____ g/day or _____ _____ g/day or _____
7b. Cellular casts	<i>7b. r= red cell, h=hemoglobin, g=granular, t=tubular, m=mixed</i>	Pos g Ne g Pos g Ne	___/___/___ ___/___/___	none r h g t m none r h g t m

Neurologic 8a. Seizures 8b. Psychosis	 <i>8b. In the absence of offending drugs or known metabolic derangements, e.g. uremia, ketoacidosis, or electrolyte imbalance</i>	Y N Y N	___/___/___ ___/___/___	
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*** For Test Results:**

1. For 7a, 7b, 9b, and 9c, two positive results are needed for each to meet the criterion.
2. If test results are given in units different than those in the Definition column, please record the normal or reference range.

Diagnosis or Tests	Definition	Sx = Y or N Test* = Pos or Neg	Date 1st Dx or Test Date mo/day/yr	Comments or Circle Result
Hematologic 9a. Hemolytic anemia w/ reticulocytosis 9b. Leukopenia 9c. Lymphopenia 9d. Thrombocytopenia	<i>[FOR 9b,c. RECORD 2 LOWEST TESTS.]</i> <i>9b. <4000/mm³, 2 or more occasions</i> <i>9c. <1500/mm³, 2 or more occasions</i> <i>9d. <100,000/mm³, in the absence of offending drugs</i>	Y N Pos Neg Pos Neg Pos Neg Pos Neg Pos Neg	___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___	 # cells % _____ or _____ wbc _____ or _____ wbc _____ or _____ wbc _____ or _____ wbc
Immunologic 10b. Anti-DNA 10c. Anti-Sm 10d. Anti phospholipid antibodies	<i>(10a recently deleted)</i> <i>10d. Based on 1) abnormal IgG or IgM anticardiolipin antibodies, 2) positive lupus anticoagulant, or 3) a false-positive syphilis test, positive for 6+ months</i>	Pos Neg Pos Neg Pos Neg	___/___/___ ___/___/___ ___/___/___	1: _____ titer or _____ 1: _____ titer or _____ 1: _____ titer or _____
11. Anti-nuclear antibody (ANA)	<i>an abnormal titer of ANA by immunofluorescence or an equivalent assay at any time, in the absence of drugs known to be associated with "drug-induced lupus"</i>	Pos Neg	___/___/___	1: _____ titer or _____
12. Other autoantibodies or features				
a. fatigue b. anti-Ro (SSA) c. anti-La (SSB)..... d. complement: C3 _____ C4 _____ f. alopecia..... g. Raynaud's h. digital ulcers i. clotting abnormalities j. thrombosis k. myositis..... l. interstitial lung disease m. valvular heart disease..... n. autoimmune thyroiditis..... o. fever..... p. weightloss q. other: 1) _____		Y N Pos Neg Pos Neg Lo Hi Lo Hi Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N	___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___	1: _____ titer or _____ 1: _____ titer or _____