**SECTION 1: DEMOGRAPHIC DATA**

**1a. Date of birth:** \_\_\_ \_\_\_ /\_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ (MM/DD/YYYY)

**1b. Gender: 1d. Race: (NIH classification)**

☐ Male ☐ White

☐ Female ☐ Black/African American

☐ Asian

**1c. Ethnicity (NIH classification):** ☐ American Indian/Alaska Native

☐ Hispanic or Latino ☐ Native Hawaiian/Other Pacific Islander

☐ Not Hispanic or Latino ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

☐ Unknown ☐ Unknown

☐ Prefer not to disclose ☐ Prefer not to disclose

|  |  |
| --- | --- |
| **Definitions for Racial and Ethnic Categories**  The Revisions to OMB Directive 15 defines each racial and ethnic category as follows: | |
| **American Indian or Alaska Native** | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| **Asian** | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| **Black or African American** | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." |
| **Hispanic or Latino** | A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino. |
| **Native Hawaiian/ Other Pacific Islander** | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| **White** | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

**SECTION 2: OMS HISTORY**

**2a. Does the subject carry a diagnosis of OMS?**

☐ Yes **(continue below)**

☐ No **(skip to Section 3)**

**2b. Date of OMS onset** (i.e. when first symptom appeared)

(MM/DD/YYYY): \_\_\_ \_\_\_ /\_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_

**2c. Does the subject have a neural crest cell tumor?** (neuroblastoma, ganglioneuroblastoma, or ganglioneuroma)?

☐ Yes

☐ No

☐ Unknown

**SECTION 3: AUTOIMMUNE DISEASE HISTORY**

**3a. Subject and Family (**(first-degree relatives only) **history of autoimmune disease or cancer?**

☐ Yes **(continue below)**

☐ No **(form complete)**

**3b. Autoimmune disease and cancer history in subject and first-degree relatives:**

Please record any history of the diseases below for the child and their biological family members

by placing a checkmark and recording 1) age at diagnosis and 2) relation to patient. Do not include neural crest cell tumors in patient (addressed above)

*Please use the following abbreviations to denote family relationship:*

*Mother (M), Father (F), Full Sibling (FS), Half Sibling (HS)*

*If age at diagnosis is unknown, please write “unknown” in the space provided*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Autoimmune Disease** | | **Subject History** | **Family History** | |
| Age at Diagnosis | Relation to Subject | Age at Diagnosis |
| ☐ | Addison’s Disease |  |  |  |
| ☐ | Addison’s Disease Ankylosing Spondylitis |  |  |  |
| ☐ | Bechet’s Syndrome |  |  |  |
| ☐ | Celiac Disease |  |  |  |
| ☐ | CIDP/Guillain-Barre Syndrome |  |  |  |
| ☐ | Dermatomyositis |  |  |  |
| ☐ | Diabetes: Childhood Onset |  |  |  |
| ☐ | Grave’s Disease |  |  |  |
| ☐ | Hyper/hypothyroidism (not otherwise specified) |  |  |  |
| ☐ | Hashimoto’s Disease |  |  |  |
| ☐ | Idiopathic Thrombocytopenic Purpura (ITP) |  |  |  |
| ☐ | Inflammatory Bowel Disease/Crohn’s Disease/Ulcerative Colitis |  |  |  |
| ☐ | Mixed Connective Tissue Disease |  |  |  |
| ☐ | Multiple Sclerosis |  |  |  |
| ☐ | Myasthenia Gravis |  |  |  |
| ☐ | Pemphigus Vulgaris |  |  |  |
| ☐ | Pernicious Anemia |  |  |  |
| ☐ | Polymyositis |  |  |  |
| ☐ | Polyarteritis Nodosa |  |  |  |
| ☐ | Psoriasis |  |  |  |
| ☐ | Rheumatoid Arthritis |  |  |  |
| ☐ | Rheumatic Heart Disease |  |  |  |
| ☐ | Scleroderma |  |  |  |
| ☐ | Systemic Lupus Erythematosus |  |  |  |
| ☐ | Vitiligo |  |  |  |
| ☐ | Sarcoidosis |  |  |  |
| ☐ | Sjogren’s Syndrome |  |  |  |
| ☐ | Vasculitis |  |  |  |
| ☐ | Other autoimmune disease (please specify): |  |  |  |
|  | Cancer (please specify): |  |  |  |