

# APDS registry - REGISTRATION OF NEW PATIENT



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## Investigator

Last name of investigator

Center

City - Country

Fax - No

The center is already entering data into the ESID registry? yes ☐ no ☐

## New patient

Date of birth

Sex male ☐ female ☐

Patient has already been registered in ESID? yes ☐ no ☐ unknown ☐

ESID Patient ID

Valid version of Informed Consent signed?  
**Refer to** [esid.org/Working-Parties/Registry/Informed-patient-consent](http://esid.org/Working-Parties/Registry/Informed-patient-consent) yes ☐ no ☐ unknown ☐

## Mutation details

1. Mutation in PIK3CD yes ☐ no ☐ unknown ☐

If yes: N334K yes ☐

E525K yes ☐

E1021K yes ☐

C416R yes ☐

other, please specify

2. Mutation in PIK3R1 yes ☐ no ☐ unknown ☐

If yes:

splice site mutation resulting in loss of AA434 - 475 yes ☐

other, please specify

Date

Signature of investigator