NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

STATE OF NEVADA LUPUS REPORTING FORM*

Source

Provider Name	Provider Telephone #	Report Date

Facility/Organization (Name)

Facility/Organization (Address)

Facility Type

Inpatient:	Outpatient:	Other Facility:
☐Hospital	☐Private Office	☐Emergency Room ☐Laboratory
☐Other _____	☐Other _____	☐Corrections ☐Other_____

Patient Demographic Data

Patient Name (Last)	(First) (MI)	DOB	Age	Sex assigned at birth
				☐Male ☐ Female

Patient Address	(City)	(State)	(Zip)	Current Gender
				☐Female ☐M to F Transgender ☐Male ☐F to M Transgender ☐Unknown ☐ Refused to answer ☐Additional gender identity (specify): _____

County of Residence	Home Phone	Cell Phone

Race(s)	Ethnicity
☐White ☐Black ☐Asian ☐American Indian ☐ Pacific Islander ☐Other ☐Unknown ☐Expanded Race: _____	☐Hispanic/Latino ☐Non-Hispanic/Latino ☐Unknown ☐Expanded Ethnicity: _____

Parent or Guardian Name	Birth Country and Arrival Date	Primary Language Spoken

Social Security Number	Occupation/Employer/School	Medical Records Number

Incarcerated	Patient Died of this Condition:	Marital Status
☐No ☐ Yes	☐ Yes ☐ No Date: _____	☐Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐Unknown

Intentionally Left Blank

Lupus Patient Data

Date of Diagnosis Date of Last Contact	Lupus Variant: ☐ Systemic Lupus Erythematosus ☐ Lupus of the skin ☐ Drug-induced Lupus Erythematosus ☐ Neonatal Lupus Erythematosus ☐ Unknown ☐ Expanded Lupus Variant: _____

Lupus of the Skin (if checked Lupus of the Skin)

☐ Acute Cutaneous Lupus ☐ Chronic Cutaneous Lupus Erythematosus (Discord Lupus Erythematosus)

☐ Subacute Cutaneous Lupus Erythematosus ☐ Unknown ☐ Not Applicable

☐ Expanded Lupus of the Skin: _____

Drug-Induced Lupus (if checked Drug-Induced Lupus)

☐ Hydralazine ☐ Procainamide ☐ Isoniazid ☐ Minocycline ☐ Anti-TNF ☐ Not Applicable ☐ Unknown

☐ Expanded Drug-Induced Lupus: _____

Other Diseases Suffered by Patient

☐ Asthma ☐ Gall Bladder Disease ☐ Diabetes ☐ Unknown ☐ Not Applicable

☐ Other: _____

Treatment Data

Given Treatment: ☐ Yes ☐ No ☐ Unknown	Type: _____ Notes: _____	Date Started Date Ended
Prescribed Opioids: ☐ Yes ☐ No ☐ Unknown	Does the patient have adequate access to that opioid? ☐ Yes ☐ No ☐ Unknown	Date Started Date Ended
Referred to Hospital or another Physician for this lupus? ☐ Yes ☐ No	Hospital Name Physician Name and Phone #	

Comment Section

*Reporting form instructions are on page 3 and 4.

STATE OF NEVADA LUPUS REPORTING FORM INSTRUCTIONS

Pursuant to NRS 439.4976, establishment of a system of reporting information on lupus and its variants. The State of Nevada has established a system of reporting for lupus and its variants to conduct comprehensive epidemiologic surveys and to evaluate the appropriateness of measures for the treatment of lupus and its variants within the state of Nevada.

Hospitals, medical laboratories, and other facilities provide screening, diagnostic or therapeutic services to patients with respect to lupus and its variants shall report the information pursuant to NRS 439.4978 each report must include, without limitation:

1. The name, address, age, and ethnicity of the patient.
2. The variant of lupus with which the person has been diagnosed.
3. The method of treatment, including, without limitation, any opioid prescribed for the patient has adequate access to that opioid.
4. Any other diseases from which the patient suffers.
5. If a patient diagnosed with lupus and its variants dies, his or her age of death.

Source Information

Provider Name/Phone Number
: The physician primarily responsible for the care of this patient

Person Reporting/Phone/Fax
: Provide if different than attending physician

Facility/Organization
: List the locations for facilities with multiple locations.

Report Date
: The date that this report is submitted

Patient Demographic Data
: Sufficient information must be provided to allow the patient to be contacted. If insufficient information is provided, you will be contacted to provide that information. Attaching a patient face sheet to this report is an acceptable method of providing the patient demographic information.

Address/County/City/State/Zip
: The home address of the patient, including the county.

Date of Birth / Age
: The patient's date of birth or age if birthdate is unknown.

Parent or Guardian Name
: For patients under the age of 18, the name of the person(s) responsible for the patient.

Phone
: The home phone of the patient.

Occupation / Employer / School
: The occupation or employer of the patient, or the name of the school attended for students.

Social Security Number
: This information greatly assists in the investigation of cases, allowing easier access to laboratory and medical records.

Medical Record Number
: A patient identifier unique to the facility or office.

Gender / Sex Assigned at Birth
: The current gender of the patient and the sex assigned at birth.

Marital Status
: The marital status of the patient.

Race / Ethnicity
: Race and ethnicity categories have been chosen to match those used by the Centers for Disease Control and Prevention.

Primary Language Spoken
: Providing this information makes it easier to contact non-English-speaking patients and arrange for translators.

Birth Country and Arrival Date
: If the patient was not born in the United States, provide the patient's country of origin and date of arrival in the US.

Incarcerated
: The incarceration status of the patient. If the patient is currently incarcerated, list the facility in the comments section.

Deceased / Date of Death
: If the patient has died, list the date of death. If known, list the cause of death under comments.

Lupus Patient Data

Date of Diagnosis
: Date patient was diagnosed.

Date of last contact
: Date last contacted the patient.

Lupus Variant
: Lupus variant diagnosed.

Lupus of the skin
: If 'Lupus of the Skin' was checked specify which type. If 'Lupus of the skin' was not checked, check Not Applicable.

Drug-induced lupus
: If 'Drug-Induced Lupus was checked specify which type. If 'Drug-Induced Lupus' was not checked, check Not Applicable.

Other Diseases Suffered by Patient
: Mark all that apply and specify all other diseases suffered by the patient.

Treatment Data

Given treatment
: List all treatment that has been prescribed as it relates to lupus and its variants and provide the date prescribed treatment.

Prescribed Opioids
: State whether the patient has been prescribed opioids as it relates to lupus, and if the patient has adequate access to opioids. Provide the date opioids have been prescribed and ended.

Referred to Hospital or another Physician for this lupus
: State whether the patient has been referred to another facility or physician and provide the hospital or attending physician to be able to track this patient.

Comment Section
: Provide any additional information that may be useful in the investigation or to explain answers given elsewhere on this form.

Reporting requirements include fully completing reporting forms. The completed reporting form can be sent through a secure email to dpbhrdr@health.nv.gov or faxed to 775-684-5999.

The reporting form can be found on the Rare Disease Registries Webpage or obtained by contacting the Lupus and Other Rare Diseases Project Coordinator, Ashlyn Torrez by emailing at atorrez@health.nv.gov.