

USIDNET Request for Query

Name	
Title	
Institution or Medical Practice	
Address	
Phone number(s)	
E-Mail to Receive Query Results	

A) General question to be addressed by query (For example: To determine the incidence of serious adverse events following exposure of primary immunodeficient patients to live agent vaccines): _____

B) Specific information to query (i.e., specific diagnosis, specific treatment, sex, symptoms..) These can be any field on either the Core or a Disease Specific form.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Unless you request an embargo of the query results, USIDNET will, in addition to emailing your report directly to you at the address above, post your report on www.USIDNET.org. If you would like this posting to be postponed for six months, please indicate below and state your purpose for this request.

I would like to request a 6 month embargo on my query results. Purpose: _____

Notice of approval will be received within 2 weeks.

Please send this application to: USIDNET Project Manager, c/o Immune Deficiency Foundation
40 W Chesapeake Ave, Suite 308, Towson, Md 21204
FAX 410-321-0293
Query@USIDNET.org