

Questionnaire

If you are interested in participating in the mycobacterial disease component of the 13th IHWC please fill in the boxes and submit this questionnaire latest by 15th Aug, 1999 to the undersigned

1. Name
- Title
- Organization
- Address
- City /State
- Zip/Postal Code
- Country
- Tel
- Fax
- Email

2. Did you participate in the 12th IHWC ? Yes No

3. Do you conduct HLA typing for

class I, Method serology DNA

class II serology DNA

other HLA genes

4. Level of resolution for Class I low intermediate high

Class II low intermediate high

Other HLA genes

5. Do you perform or would like to perform sequencing? Yes No

6. Do you have an easy access to an automated sequencer? Yes No
If yes, what make

7. Do you have an easy access to flow cytometry Yes No

or ELISA based cytokine assay Yes No

8. Do you perform or would like to conduct the following for selected markers and cytokines for FACS analysis

cell surface staining Yes No

intracellular cytokine staining Yes No

9. Do you agree to ship PBMCs stained with florescent antibody cocktails^ for surface and intracellular cytokine staining to the Central Lab. Yes No
(^ Mab cocktails and detailed protocol will be made available.)

10. Do you have an access to following category of patients* and how many

LEPROSY LL/BL TT/BT

TUBERCULOSIS

Pulmonary TB Multi drug resistant TB HIV associated TB

11. Do you possess your collected samples available as
(Give nos., if samples are already available)

DNA
PBMCs/ Lymphocytes: Fresh Frozen

12. Are your samples already HLA-tested for the following and how many

	LL/BL	TT/BT	Pul. TB	MDR-TB	HIV-TB
HLA class I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HLA classII	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nramp1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other markers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. How many more samples can be included by the end of 1999 or early 2000

14. Are simplex families also available Yes No how many
No. already typed for HLA class I and II

15. Are multiplex families also available? Yes No how many
No. already typed for HLA class I and class II

16. Are any families available with affected or non affected twins
 Yes No how many

17. Are you willing to provide primary data, interpreted HLA types and your comments by the specified completion date?

Yes No

18. Do you prefer just to send your samples and have another central laboratory process for you and return data?

DNA lymphocytes biopsies

19 Do you agree to provide atleast 10ug DNA of the samples for preplanned studies if necessary by stipulated time?

Yes No

*Please note to provide all the details pertaining to age, sex, clinical categorization and duration of disease, ethnic background, family history, treatment profile etc of the subjects included in your study.

General Comments:

Submit questionnaire to the undersigned LATEST BY 15th AUGUST, 1999.

PROF NARINDER MEHRA

Chair, Mycobacterial Disease Study

DEPARTMENT OF HISTOCOMPATIBILITY & IMMUNOGENETICS

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