

AUTOIMMUNE

TYPE 1 DIABETES, RHEUMATOID ARTHRITIS, PSORIASIS, MULTIPLE SCLEROSIS, SYSTEMIC LUPUS ERYTHEMATOSUS, INFLAMMATORY BOWEL DISEASE, ADDISON’S DISEASE, GRAVES’ DISEASE, HASHIMOTO THYROIDITIS, MYASTHENIA GRAVIS, SJOGREN’S SYNDROME, PERNICIOUS ANEMIA, AUTOIMMUNE VASCULITIS, CELIAC DISEASE, AUTOIMMUNE HEPATITIS, VITILIGO, IMMUNE THROMBOCYTOPENIA, DERMATOMYOSITIS.

IMMUNODEFICIENCY	Any primary immunodeficiency including chronic granulomatous disease, common variable immunodeficiency, Chediak-Higashi syndrome, cyclic neutropenia, leukocyte adhesion defects, or congenital neutropenia. Any individual with previous assessment for or diagnosis of neutropenia of any kind was also excluded.
INFECTIOUS	Hepatitis C infection, hepatitis B infection, HIV
MALIGNANCY	Any malignant neoplasm or hematological cancer including ductal carcinoma in situ, intraductal papillary mucinous neoplasm, or MGUS
TRANSPLANT	Any history of receiving organ transplant or skin graft including history of allogenic or autologous hematopoietic stem cell transplant
MEDICATION	Carbimazole, clozapine, dapsone, dipyrrone, methimazole, penicillin G, procainamide, propylthiouracil, rituximab, sulfasalazine, ticlopidine, hydroxychloroquine, infliximab, lamotrigine, oxacillin, quinine, infliximab, trimethoprim-sulfamethoxazole. Any chemotherapeutic agent or biologic

Supplemental Material Table 1: Exclusion criteria for patients presenting for non-urgent care visits at a single primary care center grouped by exclusion criteria type.