

Supplementary Table 1. Census form for specialist opinions given by physicians of the Internal Medicine - Clinical Immunology Department, CHU Lille, France

1. Date of the opinion dd/mm/yyyy
2. Context of the request for an opinion <input type="radio"/> Through our dedicated hotline (on-call physician) <input type="radio"/> Outside our dedicated hotline
3. Method used to contact you <input type="radio"/> Phone <input type="radio"/> e-mail <input type="radio"/> Other: _____
4. Person requesting the opinion <input type="radio"/> Hospital physician: Lille University Hospital <input type="radio"/> Hospital physician: outside Lille University Hospital <input type="radio"/> Private practitioner: generalist <input type="radio"/> Private practitioner: specialist <input type="radio"/> Patient (or relative) <input type="radio"/> Other: _____
5. If the person requesting the opinion is a physician, indicate the speciality: Free text: _____
6. If the person requesting the opinion is a physician, indicate his/her workplace: Free text: _____
7. Patient who is the subject of the opinion <input type="radio"/> Patient already known to the Department <input type="radio"/> Patient not known to the Department
8. Reason the opinion is being requested Free text: _____
9. Bedside visit <input type="radio"/> Yes <input type="radio"/> No
10. Conclusion of the opinion <input type="radio"/> Admit patient in hospitalisation unit <input type="radio"/> Schedule day-patient clinic visit <input type="radio"/> Scheduled consultation <input type="radio"/> Continuation of remote patient management (by phone or email) <input type="radio"/> Ad hoc opinion <input type="radio"/> Other: _____
11. Total time devoted to the opinion <i>If a visit outside the Department was needed, also include the duration of the visit</i> hh:mm:ss

