

## PATIENT DETAILS

I can confirm this patient is already registered with the BSRBR-RA <input type="checkbox"/>	BSRBR-RA Patient ID	
	Patient Name	
	Hospital Registration No.	

## DRUG THERAPY

I can confirm this patient <b>has started/is starting</b> one of the following drugs on Date: Dose and unit: Frequency: IV <input type="checkbox"/> SC <input type="checkbox"/>	BENEPALI	<input type="checkbox"/>	Please list dates and doses received so far if the new drug is intravenous:        Tradename:
	CIMZIA	<input type="checkbox"/>	
	FLIXABI	<input type="checkbox"/>	
	INFLECTRA	<input type="checkbox"/>	
	REMSIMA	<input type="checkbox"/>	
	RO-ACTEMRA	<input type="checkbox"/>	
	OTHER	<input type="checkbox"/>	

Batch Number:  Please tick if unknown

If this patient is switching to a **new biosimilar** list reason here (codes below):  If **'other'** please give details:  
**Switch to Biosimilar Code:** 1. Clinical Indication, 2. Patient Choice, 3. Cost Factors, 4. Other

Is the patient currently on oral steroids? YES / NO / DON'T KNOW

Please list the patient's concurrent DMARDs:

## DISEASE ACTIVITY: AT TIME OF SWITCH

DAS28 SCORE: Date of DAS28:  <b>COMPONENTS:</b> 28 Tender Joint Count: 28 Swollen Joint Count: ESR: CRP: Patient Global VAS (mm):	For patients switching from an <b>originator</b> to a <b>biosimilar</b> of the <b>same</b> product: <b>If DAS28 is not available</b> , was the patient in <b>low disease activity/remission</b> at the time of the switch, based on the information available? YES / NO
	Has the patient been <b>screened for TB</b> ? YES* / NO / DON'T KNOW Has the patient had the <b>herpes zoster vaccine</b> ? YES* / NO / DON'T KNOW

## COMORBIDITIES: HAS THE PATIENT EVER REQUIRED TREATMENT FOR THE FOLLOWING (PLEASE UPDATE THIS INFORMATION TRANSFERRED FROM THE ORIGINAL BASELINE REGISTRATION)

	YES	NO	DON'T KNOW	YEAR OF ONSET		YES	NO	DON'T KNOW	YEAR OF ONSET
HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIVER DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANGINA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RENAL DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEART ATTACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STROKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEMYELINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HYPERTHYROIDISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHRONIC BRONCHITIS/EMPHYSEMA (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEPTIC ULCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CANCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nurse/Doctor name:	Please return this form to: BSRBR-RA Unit 4 Rutherford House 40 Pencroft Way Manchester, M15 6SZ
Contact email:	
Date form completed:	

[Biologics.register@manchester.ac.uk](mailto:Biologics.register@manchester.ac.uk)  
 Phone: 0161 275 1652/7390  
 Web: [www.bsrbr.org](http://www.bsrbr.org)  
*\*Please provide date and details of the TB and zoster screening on the reverse of this page. Thank you.*