BSRBR-RA Event of Special Interest (ESI)
CVA

Study ID: **HRN:** **Patient Initials:**	**Gender:** **Date of Birth:** **NHS Number:**

Event Date:	**Biologic/biosimilar at time of event:** **Product Batch Number:**

Event Details (please annotate with any additional information)

Was the stroke haemorrhagic ☐ YES ☐ NO ☐ DON'T KNOW

Or ischaemic ☐ YES ☐ NO ☐ DON'T KNOW

Was the patient thrombolised? ☐ YES ☐ NO ☐ DON'T KNOW

Does the patient have atrial fibrillation? ☐ YES ☐ NO ☐ DON'T KNOW

Or paroxysmal atrial fibrillation? ☐ YES ☐ NO ☐ DON'T KNOW

Was a CT/MRI done? ☐ YES ☐ NO ☐ DON'T KNOW (If yes, please attach report)

Did signs/symptoms fully resolve? ☐ YES ☐ NO ☐ DON'T KNOW

If so, did they resolve within: ☐ 24 hours ☐ 1 week ☐ More than one week

Do you believe there is a possibility that this adverse event was related to the biologic/biosimilar drug used to treat RA? Yes ☐ No ☐ Unknown ☐

If Yes please confirm which drug: _____

What was the outcome of the event?

Resolved ☐ Not Resolved ☐ Resolved with sequelae ☐ Fatal ☐

Form completed By: _____ On: _____/_____/_____	Return ESI/s to: BSRBR-RA. The University of Manchester, Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park Manchester, M15 6SZ. biologics.register@manchester.ac.uk