BSRBR-RA Event of Special Interest (ESI)
DEMYELINATION / OPTIC NEURITIS

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

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

Event Details

What was the diagnosis?

What was the pattern of the disease? ☐ Eye involvement ☐ Spinal involvement ☐ Cranial involvement

Is this event: ☐ a new onset or ☐ a relapse?

Was this confirmed by a neurologist? ☐ YES ☐ NO

- Was an **MRI** conducted? ☐ YES ☐ NO (if yes please provide copies of report)
- Was **CSF** examined? ☐ YES → were oligoclonal bands present? **YES / NO** ☐ NO
- Visual evoked potentials? ☐ YES ☐ NO

- Positive history of neurological disorders? ☐ YES ☐ NO Type: _____
- Positive family history of neurological disorders? ☐ YES ☐ NO Type: _____

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,
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