BSRBR-RA Event of Special Interest (ESI)
Report MI / ACUTE CORONARY SYNDROME

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)

Rise in cardiac markers? ☐ YES ☐ NO ☐ DON'T KNOW

Trop T/ Trop I Level: _____ (Highest level recorded)

Did the patient have ischaemic symptoms? ☐ YES ☐ NO ☐ DON'T KNOW

ECG findings → Were there any ischaemic changes ☐ YES ☐ NO ☐ DON'T KNOW

→ Were there any new Q waves ☐ YES ☐ NO ☐ DON'T KNOW

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

Did they receive primary angioplasty on the same day as the event?
☐ YES ☐ NO ☐ DON'T KNOW

Did they have any other cardiac intervention? ☐ YES ☐ NO ☐ DON'T KNOW

If yes, please specify what & when:

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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