

**BSRBR-RA Event of Special Interest (ESI) Report
HEPATITIS B**

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

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

Details
Please add any additional information and check the event date and biologic therapy as above.

Peak ALT:

Hepatitis B DNA titre	Please complete the following relating to the current event and prior hepatitis if known:					
	Current			Pre registration with BSRBR		
Positive/negative/not tested:	+ve	-ve	Not tested	+ve	-ve	Not tested
HBcAb (core antibody)						
HBsAb (surface antibody)						
HBsAg (surface antigen)						
HBeAg (envelope antigen)						

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
---	---