BSRBR-RA Short Baseline Form

Please use for re-registering patients in a new cohort

V3.1 17/07/2017

PATIENT DETAILS

I can confirm this patient is already registered with the BSRBR-RA ☐	BSRBR-RA Patient ID	
	Patient Name	
	Hospital Registration No.	

DRUG THERAPY

I can confirm this patient **has started/is starting** one of the following drugs on

Date:
Dose and unit:
Frequency:
IV ☐ SC ☐

BENEPALI	
CIMZIA	
FLIXABI	
INFLECTRA	
REMSIMA	
RO-ACTEMRA	
OTHER	

Please list dates and doses received so far if the new drug is intravenous:

Tradename:

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:

COMPONENTS:
28 Tender Joint Count:
28 Swollen Joint Count:
ESR:
CRP:
Patient Global VAS (mm):

For patients switching from an **originator** to a **biosimilar** of the **same** product: **If DAS28 is not available**, was the patient in **low disease activity/remission** at the time of the switch, based on the information available?

YES / NO

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					LIVER DISEASE				
ANGINA					RENAL DISEASE				
HEART ATTACK					TB				
STROKE					DEMYELINATION				
EPILEPSY					DIABETES				
ASTHMA					HYPERTHYROIDISM				
CHRONIC BRONCHITIS/EMPHYSEMA (COPD)					DEPRESSION				
PEPTIC ULCER					CANCER				

Nurse/Doctor name:

Contact email:

Date form completed:

Please return this form to:
BSRBR-RA
Unit 4 Rutherford House
40 Pencroft Way
Manchester, M15 6SZ

Biologics.register@manchester.ac.uk
Phone: 0161 275 1652/7390
Web: www.bsrbr.org

Please provide date and details of the TB and zoster screening on the reverse of this page. Thank you.