MANCHESTER 1824
The University of Manchester
V3.1 17/07/2017

# BSRBR-RA Short Baseline Form

Please use for re-registering patients in a new cohort

British Society for Rheumatology
Rheumatoid Arthritis Register

## 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

Has the patient been **screened for TB**?
YES* / NO / DON'T KNOW
Has the patient had the **herpes zoster vaccine**?
YES* / NO / DON'T KNOW

## 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.***