

**BSRBR-RA Event of Special Interest (ESI)  
PULMONARY EMBOLISM**

**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)

**Diagnosis confirmed by:**

- VQ Scan       YES     NO     DON'T KNOW
- CTPA             YES     NO     DON'T KNOW
- Other (Please specify) \_\_\_\_\_

**Please enclose copies of scan reports wherever possible**

**Was a surgical procedure performed in the 8 weeks prior to the event?**

YES     NO     DON'T KNOW

If yes, please specify what: \_\_\_\_\_

\_\_\_\_\_

Date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has the patient had a previous PE/ DVT?**     YES     NO     DON'T KNOW

**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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Manchester, M15 6SZ. biologics.register@manchester.ac.uk