BSRBR-RA Event of Special Interest (ESI) Report
SERIOUS HAEMORRHAGE

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

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

Please note Serious Adverse Events are those resulting in: Death, Hospitalisation, IV Antibiotics, Significant loss of function or immediately life threatening.

Event Details:

Medication at time of event:

Was the event pregnancy/ delivery related? YES ☐ NO ☐ (If yes complete pregnancy ESI also)

What was the patient's Lowest Hb recorded:

Does the patient have a known bleeding disorder? YES ☐ NO ☐ UNKNOWN ☐
If yes please provide details:

Did the event result in?

Hospitalisation	YES/ NO	Length of hospitalisation:
Surgical Procedure	YES/ NO	Procedure:
Transfusion	YES/ NO	Details:

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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