

**BSRBR-RA Event of Special Interest (ESI) Report  
Serious Rheumatic Therapy Hypersensitivity Reaction**

**Study ID:**  
**HRN:**  
**Patient Initials:**

**Gender:**  
**Date of Birth:**  
**NHS Number:**

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

Was this reaction associated with an **INFUSION** or **INJECTION** (please circle)

**Event Details** - Please describe any **signs** OR **symptoms** of the hypersensitivity reaction:

Has this patient ever developed hypersensitivity to biologics before?  Yes  No  
If **Yes**, please provide details:

How long after the start of administration of the infusion/injection did the event occur?  
 hours  minutes or  Days.

Is the hypersensitivity reaction considered **systemic**?  Yes  No  Don't Know  N/A  
Is the hypersensitivity reaction considered **local**?  Yes  No  Don't Know  N/A

Did the reaction occur at **injection site**?  Yes  No  Don't Know  N/A  
If **Yes**, was it at the **most recent** injection site?  Yes  No  Don't Know  N/A

Was the infusion/injection stopped prematurely?  Yes  No  Don't Know

Was the reaction fatal or life threatening?  Yes  No

Was the patient admitted to hospital overnight as a result of the reaction?  Yes  No

Was additional medication administered before/during or after infusion/injection: e.g. steroids, antihistamines, epinephrine, etc?  
Before:  
During:  
After:

Which laboratory tests (if any) were done?  
Please provide results if applicable

Has this reaction resulted in a permanent discontinuation of this biologic/biosimilar drug?  
Yes  No   
Please provide start and discontinuation dates for this drug:

What was the outcome?  Not Resolved  Resolved  Resolved with sequelae  Fatal

**Form completed**  
by: \_\_\_\_\_  
on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return ESI/s to: BSRBR-RA. The University of Manchester,  
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Park, Manchester, M15 6SZ. biologics.register@manchester.ac.uk