

**BSRBR-RA Event of Special Interest (ESI)
APLASTIC ANAEMIA,
PANCYTOPAENIA / SERIOUS NEUTROPAENIA**

Study ID:
HRN:
Patient Initials:

Gender:
Date of Birth:
NHS Number:

Event Date:

Biologic/biosimilar at time of event:
Product Batch Number:

Event Details

What was the diagnosis?

Please provide the **lowest Hb value:** _____
lowest neutrophil value: _____
lowest platelet value: _____

- Did the patient have any cytopaenic history prior to starting therapy? YES NO
- Was a bone marrow aspiration / biopsy performed? YES NO

(If yes, please send a copy of the results)

Please indicate **concomitant medications** taken:

Were there any complications as a direct result of cytopaenia? (E.g. infection or bleeding)

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,
 Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park
 Manchester, M15 6SZ. You can also fax these to: 0161 2751640