BSRBR-RA Event of Special Interest (ESI)
CONGESTIVE HEART FAILURE

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?

Is this event: New onset ☐ Worsening ☐ Unknown ☐

Cardiac function investigation performed? ☐ YES ☐ NO **If yes, please provide details**

- LV ejection fraction: ____%
- BNP Level: ____Units

Please attach a copy of ECHO performed closest to the date of the event if possible

Cardiovascular risk factors:

→ Diabetes	☐ YES	☐ NO	☐ DON'T KNOW
→ Hypertension	☐ YES	☐ NO	☐ DON'T KNOW
→ Hypercholesterolaemia	☐ YES	☐ NO	☐ DON'T KNOW
→ Positive family history	☐ 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,
Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park
Manchester, M15 6SZ. You can also fax these to: 0161 2751640