

**BSRBR Event of Special Interest (ESI)
DEMYELINATION / OPTIC NEURITIS**

Study ID: HRN: Patient Initials:	Gender: Date of Birth: NHS Number:
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Event Date:	Biologic/biosimilar at time of event: Product Batch Number:
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Event Details

What was the diagnosis?

What was the pattern of the disease? Eye involvement Spinal involvement
 Cranial involvement

Is this event: a new onset or a relapse?
Was this confirmed by a neurologist? YES NO

• Was an **MRI** conducted? YES NO (if yes please provide copies of report)
• Was **CSF** examined? YES → were oligoclonal bands present? **YES / NO**
 NO
• Visual evoked potentials? YES NO

• Positive history of neurological disorders? YES NO Type: _____
• Positive family history of neurological disorders? YES NO Type: _____

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