BSRBR-RA Event of Special Interest (ESI)
PULMONARY EMBOLISM

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

Event Details

Diagnosis confirmed by:

- VQ Scan ☐ YES ☐ NO ☐ DON'T KNOW
- CTPA ☐ YES ☐ NO ☐ DON'T KNOW
- Other (Please specify) _____

Please enclose copies of scan reports wherever possible

Was a surgical procedure performed in the 8 weeks prior to the event?

☐ YES ☐ NO ☐ DON'T KNOW

If yes, please specify what: _____

_____

Date performed: _____/_____/_____

Has the patient had a previous PE/ DVT? ☐ 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