

**BSRBR-RA Event of Special Interest (ESI) Report
HEPATITIS B**



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

Details

Peak ALT:

Hepatitis B DNA titre	Please complete the following relating to the current event and prior hepatitis if known:					
	Current			Pre registration with BSRBR		
Positive/negative/not tested:	+ve	-ve	Not tested	+ve	-ve	Not tested
HBcAb (core antibody)						
HBsAb (surface antibody)						
HBsAg (surface antigen)						
HBeAg (envelope antigen)						

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