

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



Event of Special Interest: Aplastic Anaemia / Pancytopenia Serious Neutropenia

Has a diagnosis been made

Yes

No

Diagnosis or Differential Diagnosis:

Please provide the lowest HB value

Please provide the lowest neutrophil value

Please provide the lowest platelet value

Did the patient have any history of cytopaenia prior to starting therapy?

Yes

No

Was a bone marrow aspiration / biopsy performed?

Yes

No

(If yes, enter results)

Please list all concomitant medications taken immediately prior to the occurrence of this event

Were there any complications as a direct result of cytopaenia e.g. infection or bleeding

Yes

No

Unknown

If you have any questions please call the Register office on: 0161 306 1911

Form completed

By: _____

On: ____ / ____ / ____

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section