

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



Event of Special Interest: Lymphoproliferative Disease

Diagnosis: (please include site)

Histopathological classification:

(if known, please enter the results below)

Treatment regime:

Surgery

Chemo

Rituximab

Tissue EBV status:

Positive

Negative

Unknown

Family history of cancer:

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