

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



BIR
Biologic Interventions Register

Event of Special Interest: Malignancy (not including skin)

Diagnosis - please include site(s):

Histopathological classification:

Treatment regime:

Surgery

Chemo

Other (specify)

Details

Family history of cancer

Yes

No

Unknown

If Yes - Relationship _____

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