

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**BIR**  
Biologic Interventions Register

**Event of Special Interest: Pulmonary Embolism**

Any Further Event  
Details

[Empty box for further 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the outcome of the event?

FATAL  RESOLVED

Has the patient had a previous PE/ DVT?

YES  NO  DON'T KNOW

**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