

PATIENT:  
HRN:  
BIOLOGIC/CONVENTIONAL DRUG:

BADBIR ID:  
DOB:



**BIR**  
Biologic Interventions Register

## Event of Special Interest: Serious Demyelination / Optic Neuritis

Has a diagnosis been made? Yes  No

Diagnosis or differential diagnosis:

What was the pattern of the disease?

<input type="checkbox"/>	Eye involvement	<input type="checkbox"/>	Spinal involvement	Description of the symptoms and examinations performed
<input type="checkbox"/>	Cerebellar involvement	<input type="checkbox"/>	Cranial/cerebral involvement	
<input type="checkbox"/>	Bilateral Weakness	<input type="checkbox"/>	Sensory Deficient	
<input type="checkbox"/>	Hyporeflexia / Areflexia	<input type="checkbox"/>	Facial / Bulbar Palsy	
<input type="checkbox"/>	Ophthalmoplegia / Ataxia			

New onset:  or relapse

Was this confirmed by a neurologist: Yes  No

Was an MRI conducted? Yes  No

If yes, please describe findings:

Was CSF obtained? Yes  No  Were oligoclonal bands present Yes  No

If yes, please describe findings:

Visual evoked potentials Yes  No

Personal history of neurological disorders: Yes  Type:  No

Family history of neurological disorders Yes  Type:  No  Unknown

Details of new concomitant therapy started in the last 6 weeks

Details of new infection in the last 6 weeks

Details of new vaccinations in the last 6 weeks

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