

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**BIR**  
Biologic Interventions Register

**Event of Special Interest: Serious Hypersensitivity Reaction**

**Any Further Event Details** - Please describe any **signs** OR **symptoms** of the hypersensitivity reaction:

Has this patient ever developed hypersensitivity to biologics before?  Yes  No  
If **Yes**, please provide details:

How long after the start of administration of the infusion/injection did the event occur?  
\_\_\_\_hours \_\_\_\_minutes or \_\_\_\_Days.

Is the hypersensitivity reaction considered <b>systemic</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the hypersensitivity reaction considered <b>local</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the reaction occur at <b>injection site</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , was it at the <b>most recent</b> injection site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Was the infusion/injection stopped prematurely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the reaction fatal or life threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the patient admitted to hospital overnight as a result of the reaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Was additional medication administered before/during or after infusion/injection: e.g. steroids, antihistamines, epinephrine, etc?

Before:

During:

After:

Which laboratory tests (if any) were done?  
Please provide results if applicable

Has this reaction resulted in a permanent discontinuation of this biologic drug?  Yes  No

Please provide start and discontinuation dates for this drug:

**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