

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



BIR
Biologic Interventions Register

Event of Special Interest: Serious Infection (excl. TB)

Site(s) of infection:

Microbiologically / serologically confirmed:

Yes

No

Unknown

If yes, please specify micro-organism / serological result:

Has this patient received a pneumococcal vaccine

Yes

No

Don't Know

Splenectomy

Yes

No

Don't Know

PRIOR TO THE INFECTION what were the most recent:

White Cell Count

Neutrophil Count

Lymphocyte count

Medication at time of infection:

AT THE TIME OF INFECTION
Did the patient have:

Indwelling catheter?

Yes

No

Don't know

Intravenous access? (eg. Hickman line)

Yes

No

Don't know

Any wounds or ulcers?

Yes

No

Don't know

In the weeks FOLLOWING the infection, what was the:

IgG

IgM

IgA?

Not done

AT THE TIME OF INFECTION
what was the patient's:

White Cell Count

Neutrophil Count

Lymphocyte count

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