

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



BIR
Biologic Interventions Register

Event of Special Interest: Tuberculosis (Not Latent)

Site(s) of infection:

Relevant family history: Yes No Don't know

If yes, please describe

Country of birth _____

No. of years lived in the UK: _____

Has patient received TB Prophylaxis

Yes No

If Yes, please list medication with start & stop date:

Diagnosis based on:

Clinical signs and symptoms

Chest x-ray / CT scan

PCR *If yes, please specify sample* _____

Acid fast bacilli *If yes, please specify sample* _____

Histology *If yes, please specify sample* _____

Diagnosis confirmed by culture Yes No *If yes, please specify sample* _____

Pre-treatment Screening Measures Performed:

Mantoux Test / PPD results in mm _____

IGRA Result (Quantiferon Test): Positive Indeterminate Negative

Chest X-ray *if yes* Did This Indicate Latent TB ? Yes No

Please list medication prescribed to treat active TB

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