

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC/CONVENTIONAL DRUG:



**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?

☐

Eye involvement

☐

Spinal involvement

☐

Cerebellar involvement

☐

Cranial/cerebral involvement

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

☐

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