ADVERSE EVENTS REPORTING FORM FOR ARAD PATIENTS ON BIOLOGIC THERAPY

Patient details:
Title______ First name ______________ Middle name __________ Surname______________________________
DOB: ___ / ___ / _______ □ male □ female

Current bDMARD:
□ Etanercept  □ Infliximab  □ Adalimumab  □ Rituximab  □ Other ___________________
□ Abatacept  □ Tocilizumab  □ Golimumab  □ Certolizumab Pegol

Adverse event: Date of adverse event: ____ / ____ / ________ (onset or diagnosis)
□ infection  □ malignancy  □ other side effect → specify:___________________________

Severity:
□ mild  □ moderate  □ severe  □ fatal

Brief description:__________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Outcome:
□ recovered  □ not yet recovered
Date of recovery ___ / ___ / ___

Biologic therapy □ continued
□ discontinued temporarily (__________ weeks/months)
□ discontinued permanently
□ switched bDMARD to _____________________

Rheumatologist’s details:
Title____________ First name __________________ Surname_________________________________________
Signature _________________________________________________ date ____/____/_____

I have informed ADRAC of the adverse event □ I want ARAD to inform ADRAC of the adverse event

ARAD Fax (toll free) 1-800-022-730 or email: arad@monash.edu

May 2011