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 date of recovery ___ / ___ / ___ □ not yet recovered

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