

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