



Permission to Contact

Rheumatologist Name: _____	State: _____	Doc ID: _____
Patient Diagnosis:	RA <input type="checkbox"/> ^{+ve} <input type="checkbox"/> ^{-ve}	AS <input type="checkbox"/> JCA <input type="checkbox"/> PsA <input type="checkbox"/>
Biological DMARD:	Etanercept <input type="checkbox"/> Infliximab <input type="checkbox"/> Adalimumab <input type="checkbox"/> Rituximab <input type="checkbox"/> Anakinra <input type="checkbox"/>	
	Abatacept <input type="checkbox"/> Tocilizumab <input type="checkbox"/> Golimumab <input type="checkbox"/> Certolizumab pegol <input type="checkbox"/>	
	* Not taking bDMARD <input type="checkbox"/> <input type="checkbox"/> other _____ <small>(please specify)</small>	
Baseline ESR: _____	Date: ___/___/___	Baseline CRP: _____ Date: ___/___/___
Baseline Joint Count: _____	Date: ___/___/___	Baseline BASDAI: _____ Date: ___/___/___
<small>* for patients not receiving bDMARD therapy, Baseline data refers to the time of entry into ARAD, or the most recent test</small>		
Mantoux Test &/or Quantiferon:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Result:	Evidence of past TB <input type="checkbox"/>	No evidence of past TB <input type="checkbox"/>
	No immune response <input type="checkbox"/>	Equivocal <input type="checkbox"/>
Chest X-ray performed :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Result:	Evidence of past TB <input type="checkbox"/>	No evidence of past TB <input type="checkbox"/> Equivocal <input type="checkbox"/>

I.....of.....
 (Participant 's Title) (First Name) (Surname) (Street)

 (Suburb/Town) (State) (P'Code)

Home Ph: Work Ph:..... Mobile:

Date of birth:..... Sex: F M

Email:

hereby give my consent for my contact details to be released to the Australian Rheumatology Association Database (ARAD).

ARAD is a long term arthritis follow up study. The aim is to provide better care and improve outcomes for people with arthritis by learning more about, the impact of living with arthritis and the long term effects that different medical treatments may have. In completing this form I understand that a Project Co-ordinator from ARAD will contact me to explain the project and what my involvement will be. I also understand that my contact details will be kept secure and will not be used by any other party or for any other purpose without my permission. Reports on my outcomes will be released only to my treating Rheumatologist.

If you have any concerns or questions you can talk to the Project Co-ordinator when they call you or you can contact Prof Rachelle Buchbinder on (03) 9508 1652, Prof Lyn March on (02) 9926 7351 or Prof Marissa Lassere on (02) 9113 2139 with any queries.

.....
 Name of Participant Date Signature

.....
 Name of Guardian (if under 18 years) Date Signature

Please Fax (toll free) to ARAD Data Management Centre: 1-800-022-730