

**BSRBR Event of Special Interest (ESI) Report
DEMYELINATION / OPTIC NEURITIS**

| | |
|-----------------------------------|-----------------------|
| Patient Name: | Date of Birth: |
| BSRBR ID: | HRN: |
| Biologic at time of event: | Date of Event: |

Event Details (please annotate with any additional information)

What was the diagnosis?

What was the pattern of the disease? Eye involvement Spinal involvement
 Cranial involvement

Is this event: a new onset or a relapse?
Was this confirmed by a neurologist? YES NO

• Was an **MRI** conducted? YES NO (if yes please provide copies of report)
• Was **CSF** examined? YES → were oligoclonal bands present? **YES / NO**
 NO
• Visual evoked potentials? YES NO

• Positive history of neurological disorders? YES NO Type: _____
• Positive family history of neurological disorders? YES NO Type: _____

What was the outcome? Resolved Not Resolved
 Resolved with sequelae Fatal
Has a yellow card been submitted? YES NO UNKNOWN

Form completed
By: _____
On: ____/____/____

Return to: BSRBR, Arthritis Research UK Epidemiology Unit, The University of Manchester, Rutherford House, 40 Pencroft Way, Manchester. M15 6SZ, or fax to 0161 275 1640.
Thank you for your help!