



**BSRBR Event of Special Interest (ESI) Report
PULMONARY EMBOLISM**

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

Event Details (please annotate with any additional information)

Diagnosis confirmed by:

- VQ Scan YES NO DON'T KNOW
- CTPA YES NO DON'T KNOW
- Other (Please specify) _____

Please enclose copies of scan reports wherever possible

Was a surgical procedure performed in the 8 weeks prior to the event?

YES NO DON'T KNOW

If yes, please specify what: _____

Date performed: ____/____/____

What was the outcome of the event? FATAL RESOLVED

Has the patient had a previous PE/ DVT? YES NO DON'T KNOW

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!