



BSRBR Event of Special Interest (ESI) Report TUBERCULOSIS

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

Event Details (please annotate with any additional information)

SITE OF INFECTION:

Diagnosis based on:

Clinical signs and symptoms Chest X-Ray / CT Scan
 PCR **If yes, please specify sample:** _____
 Acid fast bacilli **If yes, please specify sample:** _____
 Histology **If yes, please specify sample:** _____

Diagnosis confirmed by CULTURE? YES / NO (please circle)

If yes, please specify sample: _____

Pre-treatment screening measures performed on patient:

PPD results mm
 IGRA Result (Quantiferon) Positive Indeterminate Negative
 Chest X-Ray → Did this indicate **latent** TB? Yes No
 Please note any **relevant** family history: _____
 Country of birth: _____ No of years lived in UK: _____

Has the patient received TB prophylaxis? YES NO UNKNOWN

If yes please provide start date: _____ and end date: _____

Please indicate which medication:

Medication prescribed to treat **active** TB:

Has a yellow card been submitted? 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!