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| **1.** | **Subject Status** | * Established IMID Diagnosis |
| * unaffected first degree relatives\*\* ***\*\* Indicate which subset (RA, SpA/PsO, SysAD)*** |
| * pre-disease\*\* ***\*\* Indicate which subset (RA, SpA/PsO, SysAD)*** |

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| **2.** | **Primary IMID Subset** | * Rheumatoid Arthritis |  |
| * SpA/PsO Cluster\* | *\*explanatory box listing conditions* |
| * Systemic Autoimmune Disease\* (SysAD) | *\*explanatory box listing conditions* |

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| **3.** | **Primary IMID Diagnosis** | **3.1 Rheumatoid Arthritis** | **3.2 SpA/PsO Cluster** | **3.3 Systemic Autoimmune Disease (SysAD)** |
| * Seropositive RA * Seronegative RA | * Psoriasis * Ankylosing Spondylitis * Psoriatic Arthritis * Reactive Arthritis | * SLE * Biopsy-proven Lupus Nephritis (LN) * LN- clinical diagnosis only * Neuropsychiatric Lupus * MCTD * UCTD |

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| **4.** | **Other IMID Diagnoses (tick all that apply)**  *\*\*NOT primary entry diagnoses but are all supported diseases by BioResource* | **4.1 Rheumatoid Arthritis** | **4.2 Seronegative SpA** | **4.3 Systemic Autoimmune Disease (SysAD)** |
| * Seropositive RA * Seronegative RA | * Psoriasis * Ankylosing Spondylitis * Psoriatic Arthritis * Reactive Arthritis * Enteropathic Arthritis\*\* * Uveitis\*\* * Inflammatory Bowel Disease\*\* | * SLE * MCTD * UCTD * Adult Inflammatory Myopathy * Sjogren’s Syndrome\*\* * Systemic Sclerosis\*\* * Autoimmune Hepatitis /PBC\*\* |

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| **5.** | **Selected Co-morbidities**  (tick all that apply) | **5.1** | **Chronic Lung Disease** | **5.2** | **Cardiovascular Disease** | | **5.3** | **Fatigue/Mood Disorders** |
| * Interstitial Lung Disease * COPD * Asthma * Bronchiectasis * Other | | * Hypertension * Diabetes Mellitus * Hyperlipidaemia * Myocardial Infarction * ACS * Coronary artery disease (incl. Angina Pectoris) * TIA * Stroke | | * Family history * Current Smoking * Past Smoking * Peripheral vascular disease * Cardiac Failure * Myocarditis | * Depression * Psychosis * Anxiety Disorders * Chronic Fatigue Syndrome * Fibromyalgia / chronic widespread pain | |

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| **6.** | **Known Autoantibodies** (tick all that apply) | **6.1 RF/ACPA family** | **6.2 ANA family** | **6.3 Anticardiolipin family** |
| * RF * ACPA | * ANA * Anti-dsDNA * Anti-Ro | * Antiphospholipid * Lupus Anticoagulant * antiB2GPI |

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| **7.** | **Current Therapy**  (list / tick all that apply) | **7.1 No Disease Modifying Drugs** | **7.2 Glucocorticoids**   * **Yes** * **No** | **7.3 Conventional Synthetic DMARDs \***   * **Yes** * **No** | **7.4 Biological**  **DMARDs**   * **Yes** * **No** | **7.5 Targeted Synthetic**  **DMARDS**   * **Yes** * **No** |
|  | * Oral * Topical * Inhaled * Intravenous * Intramuscular | *Please List….* | *Please List….* | *Please List….* |
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| **8.** | **Previous Therapy use**  (no longer taking- list / tick all that apply) | **8.1 No Previous DMARDs** | **8.2 Glucocorticoids**  (last month)   * **Yes** * **No** | **8.3 Conventional Synthetic DMARDs \***   * **Yes** * **No** | **8.4 Biological**  **DMARDs**   * **Yes** * **No** | **8.5 Targeted Synthetic**  **DMARDS**   * **Yes** * **No** |
| 󠆿 | * Oral * Topical * Inhaled * Intravenous * Intramuscular | *Please List….* | *Please List….* | *Please List….* |
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\* Including non-steroid topical therapy and PUVA and UVB phototherapy

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| **Renal Systemic Lupus Erythematosus (RLE) – specific clinical data** | |
| **9. Year of Systemic Lupus Erythematosus (SLE) diagnosis** | Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Y Y Y Y |
| **10. Year of Renal Systemic Lupus Erythematosus (RLE)** | Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Y Y Y Y |
| **11. Date of last renal biopsy (month/year)** | Date |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|  M M Y Y |
| **12. WHO histology classification of last renal biopsy** | Class I  Class II  Class III   Class IV  Class V  Class VI     Don’t know  |
| **13. Has the patient had more than one renal biopsy** | Yes No  Number of confirmed biopsies if yes Number |\_\_\_|\_\_\_| |
| **14. Has the patient required renal replacement therapy** | Yes No  If yes, since when Year |\_\_\_|\_\_\_|\_\_\_|\_\_\_|  Y Y Y Y |
| **15. Has the patient had a renal transplant** | Yes  No   If yes, date of first transplant Date |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|  D D M M Y Y |
| **16. Has the patient ever had a biologic drug** | Yes  No  Not known     If yes, whenDate *|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|*  M M Y Y |
| **17. Is the patient taking any of the following** | a. Mycophenolate Yes  No  Not known   b. Azathioprine Yes  No  Not known   c. Cyclophosphamide Yes  No  Not known   d. Tacrolimus Yes  No  Not known   e. Prednisolone Yes  No  Not known   Prednisolone dose (as total daily dose) Dose |\_\_\_|\_\_\_|\_\_\_|.|\_\_\_| mg |
| **18. Current or recent eGFR (hundred, tends, units, mls/min)** | Level |\_\_\_|\_\_\_|\_\_\_| mls/min |
| **19. Current or recent serum albumin** (in gr/L **OR** gr/dL) | Level |\_\_\_|\_\_\_|.|\_\_\_| grams/litre Level |\_\_\_|\_\_\_|\_\_\_| grams/decilitre |
| **20. Current or recent urine protein creatinine ratio, also called albumin/creatinine ratio or ACR** (in mg/g **OR** mg/mmol) | Level |\_\_\_|\_\_\_|\_\_\_|\_\_\_| mg/g Level |\_\_\_|\_\_\_|\_\_\_| mg/mmol |