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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 |