BILAG BR RETREATMENT OR BIOLOGIC SWITCH FORM

*FOR USE WHEN PATIENTS ALREADY REGISTERED AS A BIOLOGIC COHORT PATIENT WITH THE BILAG BR RECEIVES A RETREATMENT OF AN EPISODIC THERAPY OR SWITCHES TO ANOTHER BIOLOGIC DRUG*



**Centre ID:**

**Patient ID:**

**A) Is the patient having a retreatment of an intermittent biologic?**

Name of retreatment biologic:

Dose:

mg

Date(s) of retreatment:

Biologic treatment number: 1 2 3 4 5 6 7 8 9 10

**B) Is the patient receiving a newly prescribed biologic?**

Name of new biologic:

Start date:

Dose:

mg

Frequency of dose:

*Retreatment / biologic switch form: Version 1.2: 10/10/2013*