Permission to contact

A R A D
Australian Rheumatology Association Database

Rheumatologist Name: **State:** **Doc ID:**

Patient Diagnosis: **RA** ☐ **AS** ☐ **PsA** ☐ **JIA** ☐

For RA patients
RF: +ve ☐ -ve ☐
CCP : +ve ☐ -ve ☐

For JIA patients: **Oligoarthritis** Persistent ☐ Extended ☐ **<**6mo since diagnosis
☐ **Polyarthritis** RF^{-ve}☐ RF^{+ve} ☐ **Systemic** ☐
Enthesitis Related ☐ **Psoriatic** ☐ **Undifferentiated** ☐

Biological DMARD: **Etanercept** ☐ **Infliximab** ☐ **Adalimumab** ☐ **Rituximab** ☐ **Anakinra** ☐

Abatacept ☐ **Tocilizumab** ☐ **Golimumab** ☐ **Certolizumab pegol** ☐ **Ustekinumab** ☐

Tofacitinib citrate ☐ **Apremilast** ☐ **Not taking bDMARD** ☐ **other** _____ (please specify)

Baseline ESR: _____ **Date:** ___/___/___ **Baseline CRP:** _____ **Date:** ___/___/___

Total Joint Count: _____ **Date:** ___/___/___ **Baseline BASDAI:** _____ **Date:** ___/___/___

* for patients not receiving bDMARD therapy, Baseline data refers to the time of entry into ARAD, or the most recent test

Mantoux Test &/or Quantiferon: Yes ☐ No ☐

Result: Evidence of past TB ☐ No evidence of past TB ☐
No immune response ☐ Equivocal ☐

Chest X-ray performed: Yes ☐ No ☐

Result: Evidence of past TB ☐ No evidence of past TB ☐ Equivocal ☐

I……of
(Participant 's Title) (First Name) (Middle Name) (Surname)

……
(Postal Address) (Suburb/Town) (State) (P'Code)

Home Ph: …..…….…… Work Ph:…..…….. Mobile: ……..

Date of birth:……..…….. Sex: F ☐ M ☐

Email: _____ Receive information via e-mail ☐
(please print clearly in CAPITAL Letters)

hereby give my consent for my contact details to be released to the Australian Rheumatology Association Database (ARAD). ARAD is a long term arthritis follow up study. The aim is to provide better care and improve outcomes for people with arthritis by learning more about, the impact of living with arthritis and the long term effects that different medical treatments may have. In completing this form I understand that a Project Co-ordinator from ARAD will contact me to explain the project and what my involvement will be. I also understand that my contact details will be kept secure and will not be used by any other party or for any other purpose without my permission. Reports on my outcomes will be released only to my treating Rheumatologist.

If you have any concerns or questions you can talk to the Project Co-ordinator when they call you or you can contact Prof Rachelle Buchbinder on (03) 9508 1652, Prof Lyn March on (02) 9463 1890 or Prof Marissa Lassere on (02) 9113 2139 with any queries.

…… …… ……
Name of Participant Date Signature

…… …… ……
Name of Guardian (if under 18 years) Date Signature

Please Fax (toll free) to ARAD Data Management Centre: 1-800-022-730

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