

Biomarkers and Stratification To Optimise outcomes in Psoriasis

BASELINE CRF

BSTOP ID: **B** **S** **T**

BADBIR cohort

BADBIR ID:

For protocol version 8
and consent version 7

Initials: **DOB:** *d* *d* *m* *m* *y* *y* **Sex at birth:** **Male** **Female**

ETHNICITY (Please circle): White / Black or Black British / Asian or Asian British / Chinese, Japanese, Korean or Indochinese / Mixed background / Other

If **Other** or **Mixed background**, please specify:

PATIENT CONSENT

- > **Is the patient due to enrol onto BADBIR or already on BADBIR?** YES NO YES is required for this CRF
- > **Has the patient given written Informed Consent for BSTOP? i.e., has the patient initialled all mandatory items 1-10 on the consent form?** YES NO Not eligible for recruitment if NO
- > **Date of Consent to B-STOP:** *d* *d* *m* *m* *y* *y*

OPTIONAL PATIENT CONSENT ANSWERS

- > **Does the patient consent to NHS data linkage? (Question 11)** YES NO

The patient NHS number and Post Code should be added directly onto CAPTURE. Only provide this information on the CRF if you are sending it to the central study team and only via secure means (e.g. an nhs.net email).

NHS No Post Code

- > **Does the patient consent to being recalled? (Question 12)** YES NO

Patient contact information should be added directly onto CAPTURE. Only provide this information on the CRF if you are sending it to the central study team and only via secure means (e.g. an nhs.net email). Minimum of 1 field required.

Patient contact email address (preferred) _____

Patient contact phone number _____

Patient address including postcode _____

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TREATMENT DETAILS

Please tick the boxes and complete details for all the patient's current or expected Psoriasis treatments:

Biologic Drug Therapy

Drug name	Trade name	Maintenance Dose (mg)	Frequency	Date of treatment initiation	Is the start date estimated?
write name <input type="text"/>	write name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Conventional and Small Molecule Drug Therapy

Drug name	Drug Route	Maintenance Dose (mg)	Frequency	Date of treatment initiation	Is the start date estimated?
write name <input type="text"/>	Oral <input type="checkbox"/> SC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
write name <input type="text"/>	Oral <input type="checkbox"/> SC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISEASE SEVERITY - Please indicate the current disease severity *ideally from sample collection date, but within past 6 months is ok

PASI . DLQI Date of disease severity assessment:

Physician Global Assessment (PGA)
 Severe Moderate to Severe Moderate Mild Almost Clear Clear

Patient Global Assessment (PtGA)
 Severe Moderate to Severe Moderate Mild Almost Clear Clear

Most severe recorded PASI: Date of disease severity assessment:

SAMPLE COLLECTION

Please tick boxes to confirm collection

> **FOR ALL PATIENTS - DNA SAMPLE**

2 x 6ml PINK TOP EDTA tube

1 2

- Post on collection day using postal kits and Tracked Returns labels provided. Refer to the **SOP for BSTOP Partner Sites** document for guidance

Please confirm the date the samples were taken

Clinician's Name _____

Clinician's Signature _____

Date: