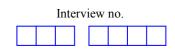
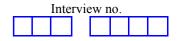
REGISTRY OF SEVERE CUTANEOUS ADVERSE REACTIONS TO DRUGS AND COLLECTION OF BIOLOGICAL SAMPLES

RegiSCAR



PATIENT'S DATA

Initials of the patient	date of birth
Age	country of birth
Gender male female	
Death before interview no yes	Participation agreed to by the patient registry cohort study (only for DRESS) genetic study



HOSPITAL DATA

Reporting	g hospital / department	hospital no.	date of admission
Treating	hospital / department	hospital no.	date of admission
date of noti	fication		date of interview
Transfer	from one or more hospitals to the reportin	g / treating hospital:	
	no		
	yes		
	unknown		
	If yes, first hospital:	hospital no.	date of admission
Retrospe	ctive assessment		
	no		
	yes		
Developm	nent of skin reaction		
	prior to admission		
	during inhospital stay		

DIAGNOSES AND CLINICAL COURSE

Admission	diagnoses
-----------	-----------

1)	 	
2)		
3)	 	

Date	Clinical symptom	ns			
Fever	no	yes un	xnown		
If yes,					
date of onset		date of normalization	n* high	est temperature (°C)	method of measurement

* if cured before admission

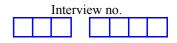
SKIN SYMPTOMS

Subjective symptoms

Burning	no	yes	unknown	date of onset		date of reso	olution*
Pain							
Pruritus							
Erythema, exanthema							
If yes,							
- diffuse erythema					<u>localizati</u>	on of exa	<u>nthema</u> :
- urticarial					mainly f	olds	
- maculopapular					widespre	ead	
- purpura					face		
- target lesions					other:		
- other:							
(please specify)					(ple	ease specify	7)
- unknown					unknown	1	
Maximum extent of exanthema (percentage related to the BSA)	a [
Facial edema	no	yes	unknown	date of onset		date of resol	ution*

Interview no.

* if cured before <u>discharge / death of patient</u> (if information of grey marked fields could not observed before discharge please try to verify information via phone call)



Pustules	no	yes	unknown		
If yes,					
- few (< 25)				date of onset	date of resolution*
- many (\geq 25; dozens)					
- unknown					
<u>Type of pustules</u> :					
- follicular					
- non-follicular					
- unknown type of pustules					
Localization of pustules:					
- mainly folds					
- folds spared					
- widespread					
- face					
- other:(please specify)					
- unknown					
Blisters / epidermal sheets > 5cm	no	yes	unknown	date of onset	date of resolution*
If yes,					
Maximum of detachment (percentage related to the BSA)					
Postpustular desquamation	no	yes	unknown	date of onset	date of resolution*

* if cured before <u>discharge / death of patient</u> (if information of grey marked fields could not observed before discharge please try to verify information via phone call)

Interview no.							

MUCOSAL EROSIONS

Lips	no	yes	unknown	date of onset	date of resolution*
Mouth					
Eyes					
Genital					
Anal					
Nasal					

LABORATORY FINDINGS

- Leucocytes		not done		
On admission:/µl				
Maximum:/µl				date of maximum
- Neutrophils		not done		
On admission:/µl				
Maximum:/µl				date of maximum
- Eosinophils		not done		
On admission:/µl				
Maximum:/µl				date of maximum
- Pathological renal-function	no	yes	unknown	
If yes, highest pathological values:				
- Pathological liver-function	no	yes	unknown	
If yes, highest pathological values:				

Interview no.							

FOR ALL CASES

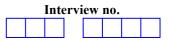
- 7 -

FURTHER INFORMATION FOR CASE VALIDATION

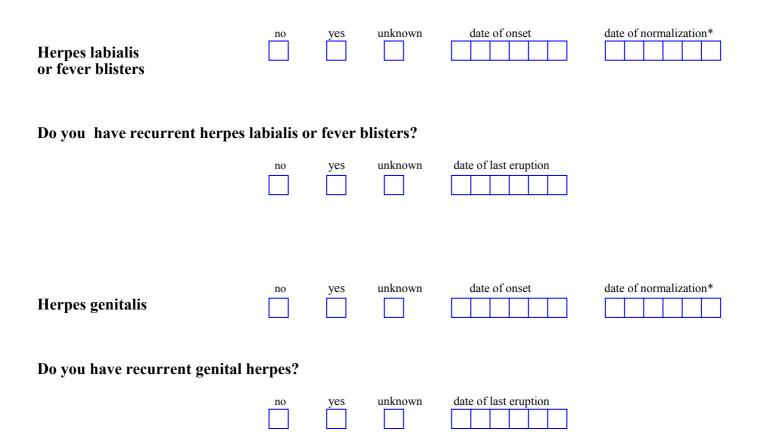
Photographs	no	yes	unknown	date of first occurrence
Biopsy				
Diagnosis by a dermatologist				
If yes, please specify:				

Further photographs / biopsies and comments:

Date	Notes



SYMPTOMS / EVENTS WITHIN 1 MONTH BEFORE THE RECENT SKIN REACTION



*if cured before admission

- 9 -

Interview no.										

*if cured before admission

SYMPTOMS / EVENTS WITHIN 1 MONTH BEFORE THE RECENT SKIN REACTION

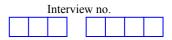
Infections If yes,	no	yes	unknown	l							
- influenza / influenza-like illness					dat	e of ons	set	date o	of norma	lization	*
Was the diagnosis confirmed by a physician? Was any diagnostic test performed? Was any medication taken for treatment?	,										
- respiratory tract infection											
Was the diagnosis confirmed by a physician? Was any diagnostic test performed? Was any medication taken for treatment?	,										
- urinary tract infection											
Was the diagnosis confirmed by a physician? Was any diagnostic test performed? Was any medication taken for treatment?	,										
- other infection 1											
(please specify)											
Was the diagnosis confirmed by a physician? Was any diagnostic test performed? Was any medication taken for treatment?	,										
- other infection 2											
(please specify)	_							*if	cured be	fore adr	nission
Was the diagnosis confirmed by a physician? Was any diagnostic test performed? Was any medication taken for treatment?	,										
HIV-status	no	yes	unknown								
HIV											
AIDS (current status)											
If yes for HIV or AIDS, most recent CD4 count per μl:											

2012-12-20



HAVE YOU HAD ANY OF THE FOLLOWING DISEASES THAT ARE STILL ACTIVE?

Severe liver d	lisorders	no	yes	unknown	year of event
If yes,	(please specify)				
Severe kidney	y disorders	no	yes	unknown	year of event
If yes,	(please specify)				
Rheumatic / o	collagen-vascular disease	no	yes	unknown	
If yes,					
- rheumatoid p	oolyarthritis				year of event
- systemic lup	us erythematosus				
- other:					
If yes,					
	(please specify) gree family member h any rheumatic/ ular disease?	no	yes	unknown	
Inflammator	y bowel disease	no	yes	unknown	
- Colitis ulcere	osa				year of event
- Crohn's disea	ase				
D • •		no	yes	unknown	year of event
Psoriasis					
- Pustular psor	riasis, generalized				
Was a first-de diagnosed wit	gree family member h psoriasis?	no	yes	unknown	
Convulsive d	isorder / epilepsy	no	yes	unknown	year of event



HAVE YOU BEEN DIAGNOSED WITH A MALIGNANT DISEASE/CANCER WITHIN THE LAST 2 YEARS BEFORE THE REACTION OR THAT IS STILL BEING TREATED?

Malignant diseases / cancer	no	yes	unknown	
If yes, please specify:				year of event
If yes, please specify:				
HAVE YOU HAD ANY RADIOTHEI	RAPY RI	ECENT	LY?	date of most
Have you ever had X-ray or radiotherapy? (not UV-radiation)	no	yes	unknown	recent therapy
If yes, for what indication?				
- lymphoma			(please s	specify)
- brain tumor			(please s	specify)
- other reason:			4	,
(please specify)				
HAVE YOU IN THE PAST HAD AN	Y TRAN	SPLAN		
Transplantation	no	yes	unknown	year of transplantation
If yes,				
- Stem cell				
- other:				
HAVE YOU IN THE PAST HAD AN	Y SCAR ⁴	yes	unknown	year of event
SCAR				
If yes, please specify:	fy)			

Interview no

MEDICATION HIST	ORY WIT	HIN 1 M	IONTH BEFORE	HOSPITALIZATI	
date of admission			drug us	e no yes	unknown
Drug	Type of application	Dose	Begin of intake	End of intake	Frequency
	approation		day month year	day month year	
Indication					
previous intake	no	yes	unknown	<u> </u>	
1	no	yes	unknown	If yes, please specify:	
If yes, any adverse reaction		yes		n yes, please speeny.	
Drug	Type of application	Dose	Begin of intake	End of intake	Frequency
	apprication		day month year	day month year	
Indication					
previous intake	no	yes	unknown	-	
	no	yes	unknown	If yes, please specify:	
If yes, any adverse reaction					
		-			
Drug	Type of application	Dose	Begin of intake	End of intake	Frequency
			day month year	day month year	
Indication					
Indication					
provious inteles	no	yes	unknown	1	
previous intake					
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	

Interview no

MEDICATION HIST date of admission	ORY WIT	HIN 1 M		no yes	ON unknown
			drug us		
Drug	Type of application	Dose	Begin of intake	End of intake	Frequency
			day month year	day month year	
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	
Drug	Type of application	Dose	Begin of intake	End of intake	Frequency
	upphounten		day month year	day month year	
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	
Drug	Type of	Dose	Begin of intake	End of intake	Frequency
	application		day month year	day month year	
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	

Interview no

MEDICATION HIST	ORY WIT	HIN 1 M	IONTH BEFORE	no yes	ON unknown
Drug	Type of application	Dose	Begin of intake day month year	End of intake day month year	Frequency
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	
Drug	Type of application	Dose	Begin of intake day month year	End of intake day month year	Frequency
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	
Drug	Type of application	Dose	Begin of intake day month year	End of intake day month year	Frequency
Indication					
previous intake	no	yes	unknown		
If yes, any adverse reaction	no	yes	unknown	If yes, please specify:	

Interview no.										

Have you ever had a rash / skin reaction suspected to be an adverse reaction to a drug?

	no	yes	unknown
If yes,			
Drug:			
Type of eruption:			
Drug:			
Type of eruption:			
Drug:			
Type of eruption:			
Drug:			
Type of eruption:			
Drug:			
Type of eruption:			



DISCHARGE SHEET

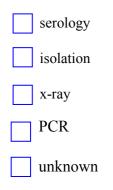
Discharge diagnoses

1.	
2.	
3.	
4.	
5.	

Results of the present admission

1. Death				date of death]
2. Discharge				date of discharge]
Mycoplasma infection within two months before admission	no	yes	unknown	date of diagnosis]

If no or yes, by which diagnostic means was the diagnosis reached:



Interview no.							

MAIN SOURCE OF INFORMATION

1) Clinical pattern of the reaction

* Were the skin lesions seen by investigator in acute stage?	the	no	yes	unknown
If not, please provide the sou (e.g., family physician,		family member)		
2) Medication history				
* just patient				
* just other source		If yes, plea	ise specify:	
* both		If yes, plea	se specify:	

Interview no.							

ADDITIONAL REMARKS (optional)

Please use the fields below to note important additional information. Please stick to the predefined topics and avoid redundancy:

Here you can specify additional information regarding ethnic origin:

Here you can indicate if patient died after discharge. Please provide date of death:

Death

_	
_	

date						

Here you can specify any other reason why follow-up investigations (DRESS) /blood sampling (SJS/TEN) could not be done:

Further relevant remarks:

THERAPY

UNIT OF TREATMENT

Burn unit	
Dept. of dermatology	
Intensive care unit	
Pediatric department	
Internal medicine	
Other:	
	Dept. of dermatology Intensive care unit Pediatric department Internal medicine

(please specify)

Did the patient receive any systemic treatment because of the pustular disorder (only to be completed, if not stated in the discharge letter)?

SYSTEMIC THERAPY

(steroids, other immunomodulating agents, IVIG, antibiotics,	retinoids and a	nti-TN	F)		
Brand name:					
Dosage:	Application:	p.o.		i.v.	
Brand name:					
Dosage:	Application:	p.o.		i.v.	
Brand name:					
Dosage:	Application:	p.o.		i.v.	
Brand name:					
Dosage:	Application:	p.o.		i.v.	

Interview no.