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| **Pre-Biologics Checklist** |  | Attach Sticker |

**Patient Name : ……………..…………… Hospital No. :………………………..**

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|  |  | **Adalimumab** |  | **Infliximab (Remsima)** |  |  |  **Golimumab** |

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|  |  | **Vedolizumab** |  |  **Ustekinumab**  |  |  |  |

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| **CXR** |  |  |  | **Date …………………………….** |

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| **TB Quantiferon Negative**  |  |  |  | **Date …………………………….** |

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| **Virology** |  |  |  | **Date …………………………….** |

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| **VZV Positive**  |  |  |
| **Hep B Negative** |  |  |
| **Hep B confirmation Negative** |  |  |
| **Hep C Negative** |  |  |
| **HIV Negative** |  |  |
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| **Database / Inform Tom** |  |  |  | **Date …………………………….** |

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| **SCAI (Simple Colitis Activity Index)** |  |  |  | **Date …………………………….** |

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| **Harvey-Bradshaw Index** |  |  |  | **Date …………………………….** |

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| **Healthcare at home informed (if** |  |  |  | **Date …………………………….** |
|  **Adalimumab/Golimumab)** |

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| **Emailed MDCU/Pre Infliximab Clinic** |  |  |  | **Date …………………………….** |

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| **Calprotectin** |  |  |  | **Date …………………………….** |