

**VA Natalizumab (Tysabri®) Clinical Monitoring Program
Annual Registry Update ***

Date of Evaluation: __/__/____

VAMC Healthcare Provider: _____
 VAMC Provider Phone #: _____ Email: _____
 VAMC Location (City): _____ Facility # _____

Name of Patient (first, last name): _____

Date of Birth: __/__/____

Patient's Four Digit VA Code: ____

1. MS Disease Subtype: Relapsing-remitting Secondary-progressive with relapses
 Progressive-relapsing

2. Number of relapses since starting natalizumab (Tysabri®) (total): _____

3. MS Disability at time of annual evaluation:
 Expanded Disability Status Scale (Kurtzke J, et al *Neurology* 1983;13:1444) *check box*:
0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0
1.0 2.5 3.5 4.5 5.5 6.5 7.5 8.5 9.5
1.5

or

Provider Determined Disease Steps (Hohol M, et al *Neurology* 1995;45:251) *check box*:
0-Normal 4-Late Cane
1-Mild Disability 5-Bilateral Support
2-Moderate Disability 6-Wheelchair
3-Early Cane

4. Annual Brain MRI by CMSC Protocol (www.va.gov/ms) completed

5. Number of months on natalizumab (Tysabri®): _____`

6. Untoward effects related to natalizumab (Tysabri®):

Hypersensitivity reaction Infection hepatotoxicity anti-natalizumab antibody
 Other (list): _____

Did any of these cause discontinuation of natalizumab
 yes no

* May complete registry update as indicated for clinic follow-up (i.e.; change in status, change in disease type, MRI changes, etc.)