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| --- | --- |
| Post code of centre (please complete |  |

|  |  |
| --- | --- |
| Local case ID  (please complete) |  |

|  |  |
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| **Project code**  **(Do not complete – for office use only)** |  |

**FORM B (BAEP) : Please complete for every patient attending for BAEP (Note: A separate form should be completed for each modality of EP if patient has more than one)**

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| 1.What is the age of the patient? |  |
| 2.What is the gender of the patient? | Male / Female |
| 3. Before starting testing the patient is identified and the clinical information from the referral verified. | Yes / No |
| 4. Were the results abnormal? | Yes / No |
| 5. If abnormal, does the report make a statement on any abnormality detected? | Yes/ No |
| 6. What number of averages were taken? |  |
| 7. Are traces replicated? | Yes / No |
| 8. Are traces superimposed? | Yes / No |
| 9. Does the report of the investigation contain the waveforms? | Yes / No |
| 10. Does the report of the investigation contain the numerical data? | Yes / No |
| 11. Is the professional status of the practitioner performing the investigation identified? | Yes / No |
| 12. Is the professional status of the practitioner reporting the investigation identified? | Yes/ No |
| 13. Is the report signed by the practitioner taking medico-legal responsibility for it? | Yes/ No |
| 14. What was the referral diagnosis | Confirmation of MS  Diagnosis of MS  Hearing loss  Balance disorder  Coma  Neonatal screening  Pre-operative assessment  Other, please specify |
| 15. Was any other modality of EP performed on this appointment? (circle all that apply) | SEP lower  SEP Upper  VEP  Other (Please state) |
| 16. Was hearing threshold assessed? | Yes/No  **If No go to question 18** |
| 17. If yes, what was the hearing threshold? | Right \_\_\_\_dB Left \_\_\_\_dB |
| 18. If hearing threshold was not assessed please give reason |  |
| 19. What was the stimulus Intensity? | Right \_\_\_\_dB Left\_\_\_\_dB |
| 20. Was masking used? | Yes / No |
| 21. What Recording channels were used? (circle all that apply) | Ai (ipsilateral)-CZ  Ac (contralateral) -CZ  Other (please state) |