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

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

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

**FORM B (VEP) : Please complete for every patient attending for VEP (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? |  |
| 8. Are traces superimposed? |  |
| 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 is signed by the practitioner taking medico-legal responsibility for it? | Yes/ No |
| 14. What was the referral diagnosis | Confirmation of MSDiagnosis of MSOptic neuritisOptic ischaemiaVisual acuity testingVisual field lossOther, please specify |
| 15. Was any other modality of EP performed on this appointment? (circle all that apply) | SEP lowerSEP UpperBAEPOther (Please state) |
| 16. Was visual acuity assessed? | Yes / No |
| 17. Does the report state whether the patient wore glasses for the VEP?  | Yes / No  |
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| What recording parameters were used for **full field VEP?** (fill in to include the electrode placement and write N against channels not used) |
|  | Active | Reference |
| 18. Channel 1 |  |  |
| 19. Channel 2 |  |  |
| 20. Channel 3 |  |  |
| 21. Channel 4 |  |  |
| 22. Channel 5 |  |  |
| 23. Other (please state) |  |  |

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| 24. Were Half field VEPs recorded? | Yes / No  |
| 25. If yes please give reason? | Indicated by referralIndicated by full field VEP resultsOther – please state |
| 26. Was pattern ERG recorded? | Yes / No |
| 27. If yes, please give reason? | Indicated by referralIndicated by full field VEP resultsOther – please state |
| 28. Was Flash VEP recorded? | Yes / No |
| 29. If yes, please give reason? | Indicated by referralIndicated by full field VEP resultsOther – please state |
| 30. Was Flash ERG recorded? | Yes / No  |
| 31. If yes please give reason? | Indicated by referralIndicated by full field VEP resultsOther – please state |