****

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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 contains 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 (please circle) | Conformation of MS  Diagnosis of MS  Myoclonus  Spinal cord disease  Radiculopathy  Plexopathy  Peripheral nerve disease  Pre-operative assessment  Coma  Other, please specify | |
| 15. Was any other modality of EP performed on this appointment? (circle all that apply) | SEP upper  VEP  BAEP  Other (Please state) | |
| 16. What was the stimulus Intensity? (please circle) | 2-3 times sensory threshold  Motor threshold  Sensory + motor threshold  Other – please state | |
| 17. Was the patient height documented? | Yes / No | |
| 18. Was the limb temperature recorded? (if yes, please state) | Yes / No Temp= | |
| What Recording parameters were used? (State electrode site or N/A) | | |
|  | Active | Reference |
| 19. Peripheral |  |  |
| 20. Lumbar |  |  |
| 21. Far-field |  |  |
| 22. Cortical |  |  |
| 23. Other (please state) |  |  |