BSCN Founded as the EEG Society in 1942

Joint National Audit Project

ASSOCIATION OF ANS NEUROPHYSIOLOGICAL SCIENTISTS

FORM B : Please complete for 5 consecutive patients referred with a provisional diagnosis of Pure Motor Syndrome, MND or Anterior Horn Cell disease. Please complete for 5 patients for each clinical neurophysiologist within the department.

Postcode of Centre (Please complete)	
Local EMG Number (Please complete)	
Project code (Please leave blank- for office use only)	

1. Referral diagnosis? (circle)	MND, Anterior Horn Cell Disease, Pure Motor Syndrome Other differential – please state	
2. Speciality of referring clinician? (circle)	Neurologist General Physician Rheumatologist Other – please state	
3. Time from referral to appointment? (days)		
4. Please state the number of muscles tested in each region. (If no muscles tested put 0)	Region	Number of muscles tested
	Right Cervical	
	Left Cervical	
	Right Lumbosacral	
	Left Lumbosacral	
	Right Thoracic	
	Left Thoracic	
	Right Bulbar	
	Left Bulbar	
5. Please state whether fibrillations/positive sharp waves/ fasciculations were present (Yes/No - please circle)	Right Cervical Left Cervical Right Lumbosacral Left Lumbosacral Right Thoracic Left Thoracic Right Bulbar Left Bulbar	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No

6. Please state whether chronic neurogenic denervation/reinnervation changes were present (Yes/No- please circle)	Right Cervical Left Cervical Right Lumbosacral Left Lumbosacral Right Thoracic Left Thoracic Right Bulbar Left Bulbar	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
7. Studies performed on this patient apart from EMG (Yes/No – please circle)	NCS	Yes / No
	Proximal motor studies (for assessment of MFMNCB)	Yes / No
	Repetitive Stimulation	Yes / No
	MUNE	Yes / No
	Transcranial Magnetic Stimulation	Yes / No
	Other –	Yes / No If yes, please state
8. Was patient anticoagulated?	Yes / No	
9. If Yes: did you perform needle EMG?	Yes / No	
10. Follow up/repeat studies recommended by Clinical Neurophysiologist?	Yes / No If yes, please give reason(s):	
11. Summary of findings:		
12. CONCLUSION:		