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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 MS  Diagnosis of MS  Optic neuritis  Optic ischaemia  Visual acuity testing  Visual field loss  Other, please specify |
| 15. Was any other modality of EP performed on this appointment? (circle all that apply) | | SEP lower  SEP Upper  BAEP  Other (Please state) |
| 16. Was visual acuity assessed? | | Yes / No |
| 17. Does the report state whether the patient wore glasses for the VEP? | | Yes / No |
| |  |  |  | | --- | --- | --- | | 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) |  |  | | | |
| 24. Were Half field VEPs recorded? | Yes / No | |
| 25. If yes please give reason? | Indicated by referral  Indicated by full field VEP results  Other – please state | |
| 26. Was pattern ERG recorded? | Yes / No | |
| 27. If yes, please give reason? | Indicated by referral  Indicated by full field VEP results  Other – please state | |
| 28. Was Flash VEP recorded? | Yes / No | |
| 29. If yes, please give reason? | Indicated by referral  Indicated by full field VEP results  Other – please state | |
| 30. Was Flash ERG recorded? | Yes / No | |
| 31. If yes please give reason? | Indicated by referral  Indicated by full field VEP results  Other – please state | |