

Instructions:

1. **Form A** should be completed only once for each consultant and is a survey of existing guidelines and protocols. (Note – as this is per consultant, this means that several responses may be received per department)
2. **Form B** should be completed prospectively for each consecutive patient attending with a referral diagnosis of MND, up to a maximum of 5 patients per consultant, between **1st April 2018 and 30th June 2018**.
3. Please insert the Postcode of your hospital at the top of Form A and Form B.
Please also insert a local EMG identifying number as we may contact you for further details in a small number of patients. Please leave the Project Code blank.

Note: If the local EMG number is the patient's hospital number, then the date of test and patient initials may be used to keep data anonymous, but still traceable.
Please note that all patient information provided will be anonymised and all participating centres will be credited if publication of the project ensues

4. When the Forms are completed please return them **by post** to :

Catherine Pang
Department of Clinical Neurophysiology
Queen Elizabeth Hospital Birmingham
Mindelsohn Way
Edgbaston
B15 2GW

It is recommended that the forms are returned by recorded delivery, or that you keep photocopies of the forms in case of postal problems. Please do not e mail the returns.

Registration:

The project would be best considered a Service Review as at present there will be no comparison with standards to categorise it as true Clinical Audit. Trusts vary as to whether registration for Service Review is required. A 'model' registration form is available, from which the information required for local registration can be extracted if required.

Contact details:

If you have any questions regarding completion of the project, please do not hesitate to contact us using the details below.

On behalf of BSCN

Dr Ming Lai
e mail Ming.Lai@nuth.nhs.uk

On behalf of ANS

Catherine Pang
e mail catherine.pang@nhs.net