

Post code of centre (please complete)	
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Local case ID (please complete)	
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Project code (Do not complete – for office use only)	
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FORM B (Upper limb SEP) :

Please complete for every patient attending for 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	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 lower 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 patient limb length documented?	Yes / No	
19. 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
20. Peripheral		
21. Cervical		
22. Far-field		
23. Cortical		
24. Other (please state)		