

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 (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)**

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 <b>full field VEP?</b> (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		