1. Repetitive Nerve Stimulation Studies

Date of Test (yyyy-mm-dd):

Nerve/Muscle:

Side:

Skin Temperature (c):

Stimulation rate (Hz):

Stimulus Duration (µs):

Stimulus Intensity (mV):

Preactivation:

Preactivation Table

| Amplitude (mV) | Area (mVms) |
| --- | --- |
| #1: | Data to be entered by site |
| #n: | Data to be entered by site |
| 1-nΔ: | Data to be entered by site |

Activation Technique:

[ ]  Maximum contraction

[ ]  High frequency stimulation¥

Activation Duration (sec):

¥If High frequency stimulation, specify frequency used (Hz):

Postactivation: Time (min):

Postactivation Table

| Amplitude (mV) | Area (mVms) |
| --- | --- |
| #1: | Data to be entered by site |
| #n: | Data to be entered by site |
| 1-nΔ: | Data to be entered by site |

Postactivation Table

| Amplitude (mV) | Area (mVms) |
| --- | --- |
| #1: | Data to be entered by site |
| #n: | Data to be entered by site |
| 1-nΔ: | Data to be entered by site |

Postactivation Table

| Amplitude (mV) | Area (mVms) |
| --- | --- |
| #1: | Data to be entered by site |
| #n: | Data to be entered by site |
| 1-nΔ: | Data to be entered by site |

Postactivation Table

| Amplitude (mV) | Area (mVms) |
| --- | --- |
| #1: | Data to be entered by site |
| #n: | Data to be entered by site |
| 1-nΔ: | Data to be entered by site |

1. Neuromuscular Jitter Studies

Date of Test (m m/d d/y y y y):

Electrode Type:

[ ]  SFEMG

[ ]  Concentric Needle

Activation Technique:

[ ]  Voluntary

[ ]  Stimulation¥

¥If Stimulation, specify:

[ ]  Axonal (needle)

[ ]  Nerve (surface electrode)

Stimulation Table

| Muscle, Side | # pairs/endplates studied | # w/Abnormal MCD | # w/Blocking | Mean MCD (µs) | Normal Limit, Mean | Normal Limit, Pair/Endplate |
| --- | --- | --- | --- | --- | --- | --- |
| Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site |

## General Instructions

This form contains data elements that are collected when performing various types of electrophysiology studies.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for Myasthenia Gravis clinical studies to collect). All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Electrophysiology assessment date- Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times ([ISO 8601](http://www.iso.org/iso/iso8601)). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.