1. Which leg was scanned? (use the right leg by default)

[ ]  Right

[ ]  Left (Please explain why right leg was not used: )

[ ]  Neither (Why? [ ]  Hardware problem [ ]  Software problem [ ]  Refused, other: )

1. Thigh MRI completed? [ ]  Yes [ ]  No, unable [ ]  No, refused
2. **Muscle group:**

[ ]  Quadriceps

[ ]  Gastrocnemius

[ ]  Soleus

[ ]  Tibialis Anterior

[ ]  Other, specify:

1. Was resting spectrum completed? [ ]  Yes [ ]  No
2. Exercise protocol employed: [ ]  Contractions per minute [ ]  Intensity
3. Approximate level of PCr depletion: percentage of rest
4. Was Phosphocreatine collected? [ ]  Yes [ ]  No
5. Phosphocreatine recovery: seconds
6. ADP recovery: seconds

Recorder Signature: Date:

General Instructions

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all mitochondrial disease clinical studies to collect). All of the data elements are classified as Exploratory 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.