**Imaging Case Report Form**

Date that this CRF was filled out:

Name of Laboratory/PI:

Name of person filling out CRF:

Project name/Identifier:

Animal ID or Study ID (as applicable):

**Type of model system:**

**Type of study:**

* Anesthetized / Non-anesthetized
* Endpoint of study
* Pre-defined time point
* Death
* Other

|  |  |
| --- | --- |
| Area imaged | ☐ Brain ☐ Cerebellum ☐ Brain stem ☐ Diencephalon ☐ Whole brain ☐ Other☐ Other organ ☐ Heart ☐ Lung  ☐ Gut ☐ Other |
| Lesion found? | ☐ Yes☐ No☐ Unknown |
| Live animal imaged | ☐ Yes☐ No☐ Unknown |
| Anesthesia | ☐ Yes☐ No☐ Unknown |
| Type of anesthesia used during imaging |  |
| When did imaging occur?  | ☐ Prior to animal dying☐ During the process of dying☐ After death |
| Type of neuroimaging | ☐ MRI1. Structural, name type
2. Functional, name type

☐ PET/SPECT1. Type of PET/SPECT
2. Done ictally or interictally?
3. Other imaging type

☐ CT |
| Upload DICOM/sequence |  |
| Was animal recorded before imaging? | ☐ Yes (\*see below)☐ No☐ Unknown |
| \*If yes, recording modality? | ☐ EEG☐ Video☐ Video-EEG☐ Other |
| Was animal recorded during imaging? | ☐ Yes (\*see below)☐ No☐ Unknown |
| \*If yes, recording modality? | ☐ EEG☐ Video☐ Video-EEG☐ Other |
| Interval between last seizure and imaging |  |
| ECG Monitoring during imaging? | ☐ Yes☐ No☐ Unknown |
| Was animal fasting prior to imaging? | ☐ Yes☐ No☐ Unknown |
| Physiological measurements taken during imaging | ☐ Blood pressure☐ EKG☐ Respiration☐ Other |
| Was there a challenge done during imaging? | ☐ Yes (\*see below)☐ No☐ Unknown |
| \*If yes, upload a challenge protocol |  |
| Other relevant details to imaging study |  |
| Comments:  |

Considerations:

1. Consider adding cardiac and pulmonary imaging CDEs

1. For cardiac imaging, we could include PET, SPECT, 2D echocardiography, or MRI