

Core and Death-Related Information 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:

- Mammalian systems (e.g., rodents, other mammals): _____
- Non-mammalian systems (e.g., *Drosophila*, zebrafish): _____

Type of study:

- Anesthetized: _____
- Non-anesthetized: _____

Endpoint of study:

- Pre-defined time point: _____
- Seizure-induced sudden death: _____
- Other _____

CDE	Data Collected
Animal Information	
Species	_____
Background strain	_____
Substrain	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed
Genetic background	_____
Transgenic modification	_____
Generation	_____
Housing information or culture conditions	_____ _____
Age at death	_____
Zeitgeber time at death	_____
Comments: _____	
Experiment-Related Information	
Experiment Type	<input type="checkbox"/> Intervention <input type="checkbox"/> Observational <input type="checkbox"/> Acute study <input type="checkbox"/> Long term

	<input type="checkbox"/> Other _____
Physiological variables measured a. EEG b. Body Temperature c. Heart Rate d. Respiration e. ECG f. Other	<input type="checkbox"/> EEG <input type="checkbox"/> Body Temperature <input type="checkbox"/> Heart Rate <input type="checkbox"/> Respiratory Rate <input type="checkbox"/> ECG <input type="checkbox"/> Other _____
Seizure-Related Information	
Does the animal have triggered seizures?	<input type="checkbox"/> Yes (*see row below) <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If Yes, list the type of triggered seizure	<input type="checkbox"/> Pharmacological <input type="checkbox"/> Audiogenic <input type="checkbox"/> Temperature <input type="checkbox"/> Electrical Stimulus <input type="checkbox"/> Visual (visual stimulation or photosensitivity) <input type="checkbox"/> Somatosensory <input type="checkbox"/> Other _____
Does the animal have spontaneous seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Time since first seizure	(hh:dd:mm:yy)
Age at first seizure	(hh:dd:mm:yy)
Typical seizure information a. Typical seizure type b. Seizure scale used c. Seizure scale score	<input type="checkbox"/> Convulsive <input type="checkbox"/> Tonic-clonic <input type="checkbox"/> Clonic <input type="checkbox"/> Non-convulsive <input type="checkbox"/> Focal motor <input type="checkbox"/> Racine <input type="checkbox"/> Other _____
Comments: _____	
Seizure-Related Death Information	
Seizure immediately preceding death?	<input type="checkbox"/> Yes (*see row below)

	<input type="checkbox"/> Yes, historically, but was not monitored in this study <input type="checkbox"/> No <input type="checkbox"/> Unknown
Number of seizures preceding death	(number/unit of time)
*If Yes, how were seizures confirmed?	<input type="checkbox"/> EEG <input type="checkbox"/> Video <input type="checkbox"/> Direct Observation <input type="checkbox"/> Other _____
Seizure immediately preceding death information	
a. Type of seizure immediately preceding death b. Seizure scale used c. Seizure scale score	<input type="checkbox"/> Convulsive <input type="checkbox"/> Tonic-clonic <input type="checkbox"/> Clonic <input type="checkbox"/> Non-convulsive <input type="checkbox"/> Focal motor <input type="checkbox"/> Racine <input type="checkbox"/> Other _____ _____
Comments: _____	
Was there recording at the time of death?	<input type="checkbox"/> Yes (*see row below) <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If Yes, method of recording	<input type="checkbox"/> EEG <input type="checkbox"/> Video <input type="checkbox"/> Video-EEG <input type="checkbox"/> ECG <input type="checkbox"/> Respiratory measures <input type="checkbox"/> EMG <input type="checkbox"/> Other _____
Spontaneous death?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see row below) <input type="checkbox"/> Unknown
If the fatal seizure occurred outside the expected trigger, type of trigger?	<input type="checkbox"/> Heat-induced <input type="checkbox"/> Focal brain stimulation <input type="checkbox"/> Maximal electroshock

	<input type="checkbox"/> Pharmacological a. Specify method <input type="checkbox"/> Visual (visual stimulation or photosensitivity) <input type="checkbox"/> Somatosensory <input type="checkbox"/> Unknown <input type="checkbox"/> Comments on conditions in which death occurred
Unwitnessed death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Posture of animal at death	<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Hind limb extension <input type="checkbox"/> Unknown
Diet of animal at the time of death	
Change in diet before death	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Medications at the time of death	
Other adverse health conditions before death	<input type="checkbox"/> Lethargy <input type="checkbox"/> Drop in food consumption <input type="checkbox"/> Weight loss <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Other
Other adverse health conditions at the time of death	<input type="checkbox"/> Lethargy <input type="checkbox"/> Drop in food consumption <input type="checkbox"/> Weight loss <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Other
Comments: _____	

Abbreviations: CRF: Case report form; EEG: Electroencephalogram; ECG: Electrocardiogram; PI: Principal investigator

Instructions: Please check boxes where applicable. If none of the predetermined options is appropriate, use the default space to specify your answer. This form is to be filled in for one individual animal, unless otherwise specified.

Please refer to more extensive CRF where suitable, as developed by the ILAE/AES Joint Translational Task Force:

Report on preclinical Core CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12234>

Report on preclinical neurobehavioral CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12236>

Report on preclinical physiology CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12261>

Report on preclinical pharmacology model CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12254>

Report on preclinical EEG CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12260>