

## ***Ex vivo/In vitro* Electrophysiology 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): \_\_\_\_\_

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### **Type of model system:**

- ☐ Mammalian systems (e.g., rodents, other mammals): \_\_\_\_\_
- ☐ Non-mammalian systems (e.g., *Drosophila*, zebrafish): \_\_\_\_\_
- ☐ Organoids or tissue-based: \_\_\_\_\_
- ☐ Cell-based (e.g., iPSCs): \_\_\_\_\_

### **Type of study:**

- ☐ Anesthetized: \_\_\_\_\_
- ☐ Non-anesthetized: \_\_\_\_\_

### **Endpoint of study:**

- Pre-defined time point: \_\_\_\_\_
- Seizure-induced sudden death: \_\_\_\_\_
- Other \_\_\_\_\_

CDE	DATA COLLECTED
<b>Method used</b>	
Type of electrophysiology	<input type="checkbox"/> Patch clamp <input type="checkbox"/> Intracellular <input type="checkbox"/> Extracellular <input type="checkbox"/> Individual recording <input type="checkbox"/> Oxygen sensing
Were human-derived iPSCs used?	<input type="checkbox"/> Yes <input type="checkbox"/> Details _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Were human brain organoids used?	<input type="checkbox"/> Yes <input type="checkbox"/> Details _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Were other tissue/cell systems used?	<input type="checkbox"/> Yes <input type="checkbox"/> Details _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>Comments:</b>	
<b>Whole Cell Electrophysiology</b>	
<b>Tissue Preparation:</b>	
Was the animal anesthetized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Sectioning equipment	
Cutting solution	
Temperature during sectioning (°C)	
Region of interest	
Slice orientation	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Coronal <input type="checkbox"/> Sagittal
Slice thickness	
Method of determining tissue health	
Slice incubation time	
Recording temperature	
Intracellular solution	
Extracellular solution	
Recording hardware type	
Recording software type	
Voltage protocols	
Electrode size	
Resistance	
How is recording location confirmed?	<input type="checkbox"/> Visual identification of cells <input type="checkbox"/> Via Probe <input type="checkbox"/> Other _____
Software used for analysis/statistics	
<b>Comments:</b>	
<b>Imaging</b>	
<b>Tissue preparation:</b>	
Probe used for imaging	
Equipment information-camera type	

Equipment information-frame rate	
Was optogenetics conducted in tandem with electrophysiology?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Method of stimulation	<input type="checkbox"/> Optogenetic <input type="checkbox"/> Electrical stimulation <input type="checkbox"/> Other _____
Stimulation protocol	
Brain region of interest	
Type of neuron imaged	
Method of confirmation	<input type="checkbox"/> Input stimulation <input type="checkbox"/> Other _____
<b>Comments:</b>	
<b>Ex Vivo Biosensing</b>	
<b>Tissue preparation:</b>	
Probe used for imaging	
Equipment information-camera type	
Equipment information-frame rate	
Was optogenetics conducted in tandem with electrophysiology?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Method of stimulation	<input type="checkbox"/> Optogenetic <input type="checkbox"/> Electrical stimulation <input type="checkbox"/> Other _____
Stimulation protocol	
Brain region of interest	
Type of neuron imaged	
Method of confirmation	<input type="checkbox"/> Input stimulation <input type="checkbox"/> Other _____
<b>Comments:</b>	
<b>Analysis</b>	
Software used for analysis	
Animal disease/history: Were there spontaneous seizures?	

How were seizures confirmed?	
Were animals treated?	
<b>Comments:</b>	

Abbreviations: CRF: Case Report Form; iPSCs: Induced pluripotent stem cells; 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>