

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:

- 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 _____

Area imaged	<input type="checkbox"/> Brain <input type="checkbox"/> Cerebellum <input type="checkbox"/> Brain stem <input type="checkbox"/> Diencephalon <input type="checkbox"/> Whole brain <input type="checkbox"/> Other _____ <input type="checkbox"/> Other organ <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Gut <input type="checkbox"/> Other _____
Lesion found?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Live animal imaged	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Type of anesthesia used during imaging (if applicable)	
When did imaging occur?	<input type="checkbox"/> Prior to animal dying <input type="checkbox"/> During the process of dying

	<input type="checkbox"/> After death
Type of neuroimaging	<input type="checkbox"/> MRI <input type="checkbox"/> Structural, name type <input type="checkbox"/> Functional, name type <input type="checkbox"/> PET/SPECT <input type="checkbox"/> Type of PET/SPECT <input type="checkbox"/> Done ictally or interictally? <input type="checkbox"/> Other imaging type _____ <input type="checkbox"/> CT <input type="checkbox"/> Microscopy <input type="checkbox"/> Two-photon <input type="checkbox"/> Confocal <input type="checkbox"/> Light Sheet <input type="checkbox"/> Other _____
Upload DICOM/sequence	
Was biosensing (neurotransmitter and calcium) imaging done?	<input type="checkbox"/> Yes <input type="checkbox"/> Sensor used _____ <input type="checkbox"/> Additional details _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was voltage imaging done?	<input type="checkbox"/> Yes <input type="checkbox"/> Sensor used _____ <input type="checkbox"/> Additional details _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was animal recorded before imaging?	<input type="checkbox"/> Yes (*see below) <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If yes, recording modality?	<input type="checkbox"/> EEG <input type="checkbox"/> Video <input type="checkbox"/> Video-EEG <input type="checkbox"/> Other _____
Was animal recorded during imaging?	<input type="checkbox"/> Yes (*see below) <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If yes, recording modality?	<input type="checkbox"/> EEG <input type="checkbox"/> Video

	<input type="checkbox"/> Video-EEG <input type="checkbox"/> Other _____
Interval between last seizure and imaging	
ECG Monitoring during imaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was animal fasting prior to imaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Physiological measurements taken during imaging	<input type="checkbox"/> Blood pressure <input type="checkbox"/> ECG <input type="checkbox"/> Respiration <input type="checkbox"/> Other _____
Was there a challenge done during imaging?	<input type="checkbox"/> Yes (*see below) <input type="checkbox"/> No <input type="checkbox"/> Unknown
*If yes, upload a challenge protocol	
Other relevant details to imaging study	
Comments:	

Abbreviations: CRF: Case Report Form; CT: Computed tomography; DICOM: Digital Imaging and Communications in Medicine; ECG: Electrocardiogram; MRI: Magnetic resonance imaging; PET: Positron emission tomography; PI: Principal investigator; SPECT: Single Photon Emission Computed Tomography

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 CRFs, 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>