

Physiologic Measures 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
Autonomic Variable Measured: Cardiac	
Cardiac Variables:	
How was cardiac measure acquired?	<input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Plethysmography
Cardiac rhythms observed during the recording	<input type="checkbox"/> Polymorphic/monomorphic VT <input type="checkbox"/> Ventricular fibrillation <input type="checkbox"/> Cardiac bigeminy <input type="checkbox"/> AV block <input type="checkbox"/> Bundle branch block <input type="checkbox"/> Atrial fib. <input type="checkbox"/> Atrial flutter <input type="checkbox"/> SVT <input type="checkbox"/> Sinus tachycardia <input type="checkbox"/> Sinus brady <input type="checkbox"/> Asystole <input type="checkbox"/> Sick sinus syndrome <input type="checkbox"/> Other _____
Echocardiography variables analyzed Ejection fraction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown; _____

<p>LV end systolic</p> <p>dP/dt</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown; _____</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown; _____</p>
Comments:	
ECG: Number of electrodes	
Lead recorded	<p><input type="checkbox"/> Lead 1</p> <p><input type="checkbox"/> Lead 2</p> <p><input type="checkbox"/> Lead 3</p> <p><input type="checkbox"/> Lead s</p> <p><input type="checkbox"/> Lead aVL</p> <p><input type="checkbox"/> Lead aVF</p> <p><input type="checkbox"/> Lead V1</p> <p><input type="checkbox"/> Lead V2</p> <p><input type="checkbox"/> Lead V3</p> <p><input type="checkbox"/> Lead V4</p> <p><input type="checkbox"/> Lead V5</p> <p><input type="checkbox"/> Lead V6</p> <p><input type="checkbox"/> Other _____</p>
Ground electrode	<p><input type="checkbox"/> Positive pole</p> <p><input type="checkbox"/> Negative pole</p> <p><input type="checkbox"/> Ground</p>
Frequency (kHz)	
Duration	
ECG Measures	<p><input type="checkbox"/> HRV (more details below)</p> <p> <input type="checkbox"/> beat-to-beat</p> <p> <input type="checkbox"/> median</p> <p> <input type="checkbox"/> Mean</p> <p><input type="checkbox"/> P wave duration</p> <p> <input type="checkbox"/> beat-to-beat</p> <p> <input type="checkbox"/> median</p> <p> <input type="checkbox"/> Mean</p> <p><input type="checkbox"/> PR interval</p> <p> <input type="checkbox"/> beat-to-beat</p>

	<input type="checkbox"/> median <input type="checkbox"/> Mean <input type="checkbox"/> QRS duration <input type="checkbox"/> beat-to-beat <input type="checkbox"/> median <input type="checkbox"/> Mean <input type="checkbox"/> QT <input type="checkbox"/> beat-to-beat <input type="checkbox"/> median <input type="checkbox"/> Mean <input type="checkbox"/> Tpeak-Tend <input type="checkbox"/> beat-to-beat <input type="checkbox"/> median <input type="checkbox"/> Mean
Recording modality	<input type="checkbox"/> Wireless <input type="checkbox"/> Wired
Video:	
Frame rate	
Frame size	
File type	
Recording modality	<input type="checkbox"/> Wireless <input type="checkbox"/> Wired
Codec	
IR capability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Heart Rate Variability Analysis	<input type="checkbox"/> SDNN <input type="checkbox"/> RMSSD <input type="checkbox"/> PNN6 <input type="checkbox"/> Low freq <input type="checkbox"/> High freq <input type="checkbox"/> Power <input type="checkbox"/> Very low freq <input type="checkbox"/> Ultra-low freq <input type="checkbox"/> SD1, SD2
Duration of period analyzed	
Duration quantified by beats or time	
Manual adjudication of beats	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Unknown
If beats were removed, was the predicted RR interval interpolated in?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Hemodynamics-Systolic, diastolic, mean blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other ways to measure autonomic variables	
Comments:	
Autonomic Variable Measured: Respiration	
Were respiratory variables collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Method used	<input type="checkbox"/> Trans-thoracic impedance <input type="checkbox"/> Plethysmography <input type="checkbox"/> Nasal thermistor <input type="checkbox"/> Electromyography (EMG)
TTI (trans-thoracic impedance)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Plethysmography	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Nasal thermistor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Electromyography (EMG)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Recording modality	<input type="checkbox"/> Wireless <input type="checkbox"/> Wired
Was physiologic data uploaded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If data was uploaded, provide location	
Comments:	

Recording information	
Recording paradigm	<input type="checkbox"/> Chronic <input type="checkbox"/> Acute
Recording start time (Zeitgeber)	
Recording end time (Zeitgeber)	
Recording conditions	<input type="checkbox"/> Freely moving <input type="checkbox"/> Restrained <input type="checkbox"/> Nerve Block <ul style="list-style-type: none"> i. Type used _____ ii. Dosing _____ iii. Duration _____ iv. Route of administration _____ <input type="checkbox"/> Sedated <ul style="list-style-type: none"> i. Type used/method _____ ii. Dosing _____ iii. Duration _____ iv. Route of administration _____ <input type="checkbox"/> Intubated
Conditions observed within the recording	<input type="checkbox"/> Baseline <input type="checkbox"/> Inter-ictal <input type="checkbox"/> Pre-ictal <input type="checkbox"/> Post-ictal leading up to death <input type="checkbox"/> Period leading up to death without a seizure <input type="checkbox"/> Postictal <input type="checkbox"/> Details on how these stages were defined _____
Comments:	
Movement	
Was movement measured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____
Comments:	
Oxygen levels	
Were oxygen levels measured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Unknown _____
Comments:	

Abbreviations: AV block: Atrioventricular block; aVF: Augmented vector foot; aVL: Augmented vector left; CRF: Case Report Form; dP/dt: change in pressure over time; ECG: Electrocardiogram; EMG Electromyography; HRV: Heart rate variability; IR: Infrared; Leads V1-6: Chest leads to view the heart in the horizontal plane; PI: Principal investigator; PNN50: The number of pairs of successive NN (R-R) intervals that differ by more than 50 milliseconds; PR interval: The time between atrial depolarization and ventricular depolarization; P wave duration: Duration of the P wave, indicating atrial depolarization; QRS duration: Duration from the beginning of the Q wave to the end of the S wave; QT: The measurement that represents the total time from ventricular depolarization to complete repolarization; RMSSD: Root mean square of successive differences; SD1, SD2: Standard deviation measurements that are used to analyze heart rate variability; SDNN: Standard deviation of normal-to-normal (NN) intervals; Tpeak-Tend: The interval between the apex to the end of the T wave; TTI: Trans-thoracic impedance; VT: Ventricular tachycardia

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>