

Table of Contents Case Report Form

Date that this 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 _____

CRF Module Used in Research Study	Name of file with extension (e.g. .doc .txt .xlsx) and number of files
Comments:	

Abbreviations: CRF: Case report form; PI: Principal investigator