SOLVe Trial

CASE REPORT FORMS

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| Sample Number:………………………..…………… | Age when surgery undertaken………………………..…………… |
| Date of Surgery:………………………..…………… |  |
| Details of Surgery including laterality:………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..………………………… |
| Underlying cause of Epilepsy if known………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..………………………… |
| Relevant Past Medical History………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..………………………… |

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| --- | --- |
| Hx of ventricular bleedY / N | Previous intraventricular surgeryY / N |
| HydrocephalusY / N |  |
| Hx of infectionY / N | Hx of Intraventricular AntibioticsY / N |
| Premature BirthY / N |  |
| Developmental abnormalityY / N | Vascular MalformationY / N |
| Other relevant information………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..…………………………………………………..……………………………………..………………………… |
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