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 bleed  Y / N | Previous intraventricular surgery  Y / N |
| Hydrocephalus  Y / N |  |
| Hx of infection  Y / N | Hx of Intraventricular Antibiotics  Y / N |
| Premature Birth  Y / N |  |
| Developmental abnormality  Y / N | Vascular Malformation  Y / N |
| Other relevant information  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..…………………………  ………………………..……………………………………..………………………… | |
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