**SECTION 1: CLINICAL PRESENTATION AND IMMUNOLOGICAL HISTORY**

**1.1 Age of onset:** \_\_\_ \_\_\_ (months)

**1.2 Does the subject have a history of frequent infection?** ☐ Yes ☐ No

**1.3 Did the subject experience acute infection prior to OMS onset?** ☐ Yes ☐ No

**1.3a If yes, specific infectious agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1.4 Vaccination(s) within x days prior to OMS onset?** ☐ Yes ☐ No

**1.4a If yes, specific vaccine(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1.5 Classification of OMS disease course:** ☐ Monophasic ☐ Relapsing

 **1.5a If relapsing, please indicate most prominent relapse feature:**

 ☐ Opsoclonus

 ☐ Myoclonus

 ☐ Ataxia

☐ Behavioral/Sleep

**SECTION 2: LABORATORY FINDINGS**

**2.1 CSF WBC count:**

**2.2 CSF WBC differential:**

**2.3 CSF oligoclonal bands:**

**2.4 Was the presence of an autoantibody detected?** ☐ Yes ☐ No

**2.4a If yes, specific autoantibody: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 3: TREATMENT INFORMATION**

**3.1 Has the patient ever received immunomodulatory treatment for OMS?**

☐ Yes **(continue below)**

☐ No  **(form complete)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Treatment | Treatment Given | Dosage Information | Dosage Date |
| 1 | Methylprednisolone pulse(IV) | ☐ Yes☐ No | Dosage per infusion: \_\_\_\_\_\_ (mg/kg/day) OR☐ 1000mg per day  | Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 2 | Prednisolone / prednisone(daily, oral) | ☐ Yes☐ No | Starting dosage: \_\_\_\_\_\_ (mg/kg/day) | Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 3 | Dexamethasone pulses(monthly, oral/IV) | ☐ Yes☐ No | Dosage: \_\_\_\_\_\_ (20mg/m2/day)Other dosage: \_\_\_\_\_\_ (specify units) | # Days per pulse: \_\_\_\_\_\_\_\_ First day of first pulse: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Last day of last pulse: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 4 | ACTH | ☐ Yes☐ No | Starting dosage: \_\_\_\_\_\_ (IU/m2/day) | Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 5 | Cyclophosphamide (monthly, IV) | ☐ Yes☐ No | Dosage: \_\_\_\_\_\_ (mg/m2) | Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 6 | Rituximab  | ☐ Yes☐ No | Regimen Type: ☐ 375mg/m2/dose weekly x 4 weeks ☐ 750mg/m2/dose biweekly x 2 doses ☐ 1000mg biweekly x 2 doses ☐ Other regimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 7 | IVIG | ☐ Yes☐ No | Initial treatment course:Cumulative dose: \_\_\_\_\_\_ (g/kg)Maintenance treatment course:Cumulative dose: \_\_\_\_\_\_ (g/kg) | Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 8 | Azathioprine (daily, oral) | ☐ Yes☐ No | Initial dose: \_\_\_\_\_\_ (mg/kg/day) Maintenance dose: \_\_\_\_\_\_ (mg/kg/day) | Initial Dose:Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Maintenance Dose:Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 9 | Mycophenolate mofetil (daily, oral) | ☐ Yes☐ No | Initial dose:  ☐250mg twice a day Other: \_\_\_\_\_\_ (mg/m2/day)Maintenance dose: \_\_\_\_\_\_ (mg/m2/day) ☐1000mg twice a day Other: \_\_\_\_\_\_ (mg/m2day) | Initial Dose:Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Maintenance Dose:Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 10 | Plasma exchange | ☐ Yes☐ No | Number of exchanges: \_\_\_\_\_\_ | Date of first exchange: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last exchange: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| 11 | Other immunotherapySpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes☐ No | Dosage: \_\_\_\_\_\_Dosage units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Initial dose? ☐Maintenance dose? | Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_# Days per pulse: \_\_\_\_\_\_ (if applicable) |
| 12 | Other immunotherapySpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Yes☐ No | Dosage: \_\_\_\_\_\_Dosage units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Initial dose? ☐Maintenance dose? | Start Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_End Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of first infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_Date of last infusion: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_# Days per pulse: \_\_\_\_\_\_ (if applicable) |