**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 immunotherapy  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ 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 immunotherapy  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ 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) |