

NOMADMUS Study – Additional paraclinical form

M R I Date: Day: [] [] Month: [] [] Year: [] [] [] []

	T1	T1/Gado	T2/PD/FLAIR	Number of lesions		
	Not done Negative Positive	Not done Negative Positive	Not done Negative Positive	Total	Peri-ventricular	Juxta-cortical
BRAIN <input type="radio"/> NORMAL <input type="radio"/> ABNORMAL Supratentorial Infratentorial				Total <input type="radio"/> < 9, specify exact count: [] <input type="radio"/> ≥ 9 <input type="checkbox"/> Confluent lesions	Peri-ventricular <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ≥ 3	Juxta-cortical <input type="radio"/> 0 <input type="radio"/> ≥ 1
SPINAL CORD Cervical Thoracolumbar				Total 0 1 ≥ 2 	Lesion ≥ 3 vertebral segments <input type="checkbox"/> <input type="checkbox"/>	
OPTIC NERVE R L				Images seen <input type="radio"/> Information from report <input type="radio"/>	Tick if FLAIR was used: <input type="checkbox"/>	

Evoked potentials Date: Day: [] [] Month: [] [] Year: [] [] [] []

	Not done Negative Positive	RIGHT	LEFT	Not done Negative Positive
<input type="text" value="Visual"/>				

Cerebro-spinal fluid Date: Day: [] [] Month: [] [] Year: [] [] [] []

<input type="text" value="Leucocytes"/>	<input type="checkbox"/> Not done Exact count: [] Neutrophils, exact count: []
<input type="text" value="Biochemistry"/>	LCR (mg/l) Sérum (g/l) Total proteins: [] [] Albumin: [] [] IgG: [] [] IgG index: []
<input type="text" value="Oligoclonal bands"/>	<input type="radio"/> Not done <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Equivocal

Anti-DNMO antibodies Date of sampling: Day: [] [] Month: [] [] Year: [] [] [] []

Was a search for anti-DNMO antibodies performed?	<input type="radio"/> Yes — If yes: <input type="radio"/> No	Result: <input type="radio"/> Negative <input type="radio"/> Positive Laboratory: _____ Technique: IIF / CBA / FIPA / other / unknown <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> If other, specify: _____
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