

[Study Name/ID pre-filled]

Site Name: _____

Date Form Completed: ___/___/___ (mm/dd/yyyy)

Subject ID: _____

Visit: [pre-populated by database]

1. Has brain MRI been performed? Yes No
- i. If yes, have multiple brain MRIs been performed? Multiple Single
- ii. If Multiple, how many have been performed? 1 2 3 4 5 6 >6

Brain MRI	Date Performed (MM/DD/YYYY)	Age of affected	Where Performed
1 st	___/___/___	[derived field]	
2 nd	___/___/___	[derived field]	
3 rd	___/___/___	[derived field]	

2. Is MRI consistent with a CMD to LGMD spectrum diagnosis? Yes No
3. Which CMD to LGMD spectrum subtype is MRI consistent with?
- i. Dystroglycanopathy Yes No
- ii. Merosin deficient CMD Yes No
4. Cortex – Pachygyria: Yes No
If Yes, indicate location(s):
- Frontoparietal
- Temporal
- Occipital
5. Cortex – Polymicrogyria: Yes No
If Yes, indicate location(s):
- Frontoparietal
- Temporal
- Occipital
6. Cortex – Cobblestone lissencephaly: Yes No
If Yes, indicate location(s):
- Frontoparietal
- Temporal
- Occipital
7. White Matter: Normal Abnormal
If Abnormal, indicate location(s):

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- Frontal
- Parietal
- Temporal
- Occipital
- Periventricular
- Deep WM
- Diffuse

8. Ventricles: Normal Abnormal

If Abnormal, specify:

- Dilation
- Other, specify _____

9. Brainstem: Normal Abnormal

If Abnormal, specify:

- Hypoplasia
- Anterior concavity
- Posterior concavity
- Other, specify _____

10. Pons: Normal Abnormal

If Abnormal, specify:

- Hypoplasia
- Cleft
- Other, specify _____

11. Cerebellum: Normal Abnormal

If Abnormal, specify:

- Vermal hypoplasia
- Hemispheric hypoplasia
- Vermal dysplasia
- Hemispheric dysplasia
- Cysts
- Cleft
- Other, specify _____

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GENERAL INSTRUCTIONS

This form contains data elements that are collected from various diagnostic procedures used to assess progression of disease.

Responses to categories are obtained from health professionals performing the procedure and laboratory tests results.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

- **Brain MRI date performed** - The preferred format for recording date is MM/DD/YYYY. 99/99/9999 can be used to indicate an unknown date.
- **Brain MRI Age of Affected** – This is a derived element based on Date of Birth and Date Performed