



BRAIN_BASE_ANGERS

Laboratory of Neurobiology and Neuropathology

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PATIENT IDENTIFICATION

N° DIAMIC	<input type="text"/>	PATIENT	<input type="text"/>
DATE OF BIRTH (MM/DD/YY)	<input type="text"/>	HISTORY	<input type="text"/>
SEX	Female <input type="checkbox"/> Male <input type="checkbox"/> Not known <input type="checkbox"/>	TREATMENT	<input type="text"/>
LATERALITY	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> NK	LIFESTYLE	<input type="text"/>

CLINICAL EVALUATION

AGE OF ONSET <input type="text"/>	<input type="checkbox"/> ANXIO-DEPRESSIVE DISORDERS	<input type="checkbox"/> PERIPHERAL MOTOR SYMPTOMS
<input type="checkbox"/> MEMORY DISORDERS	<input type="checkbox"/> HALLUCINATIONS / DELIRIUM	<input type="checkbox"/> CENTRAL MOTOR SYMPTOMS
<input type="checkbox"/> PHASIC DISORDERS	<input type="checkbox"/> BEHAVIORAL DISORDERS	<input type="checkbox"/> BULBAR SYMPTOMS
<input type="checkbox"/> PRAXIS DISORDERS	<input type="checkbox"/> EXTRAPYRAMIDAL SYNDROME	<input type="checkbox"/> VISUAL DISTURBANCES
<input type="checkbox"/> EXECUTIVE DISORDERS	<input type="checkbox"/> MOVEMENT DISORDERS	<input type="checkbox"/> WALKING DISORDERS

FURTHER DETAILS

PARACLINICAL EXAMINATIONS

<input type="checkbox"/> BIOLOGICAL ABNORMALITY	<input type="checkbox"/> ENMG ABNORMALITY	<input type="checkbox"/> CSF BIOMARKER
DETAILS <input type="text"/>	DETAILS <input type="text"/>	DETAILS <input type="text"/>
<input type="checkbox"/> LP (CSF) ABNORMALITY	<input type="checkbox"/> TEP-SCAN ABNORMALITY	<input type="checkbox"/> 14-3-3 PROTEIN POSITIVE
DETAILS <input type="text"/>	DETAILS <input type="text"/>	DETAILS <input type="text"/>
<input type="checkbox"/> CT-scan / MRI ABNORMALITY	<input type="checkbox"/> DAT-SCAN ABNORMALITY	<input type="checkbox"/> FURTHER DETAILS
DETAILS <input type="text"/>	DETAILS <input type="text"/>	<input type="text"/>
<input type="checkbox"/> NEUROPSYCHOLOGICAL TESTS	<input type="checkbox"/> GENETIC MUTATIONS	
DETAILS <input type="text"/>	DETAILS <input type="text"/>	

CLINICAL DIAGNOSIS

CLINICAL DIAGNOSIS N°1

CLINICAL DIAGNOSIS N°2

CLINICAL DIAGNOSIS N°3

FURTHER DETAILS

PROPOSED TREATMENT

DEATH AND BRAIN SAMPLE

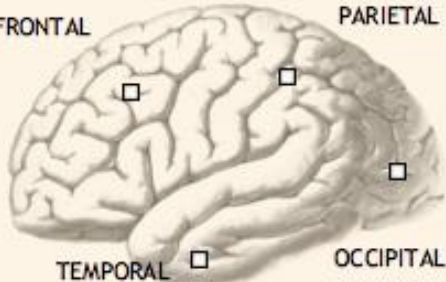
DATE OF DEATH <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	DATE OF SAMPLE <input style="width: 80%; border: 1px solid #ccc;" type="text"/>
AGE AT DEATH <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	POSTMORTEM INTERVAL (H) <input style="width: 80%; border: 1px solid #ccc;" type="text"/>
CITY OF DEATH <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	SUSPICION OF PRION DISEASE <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF DEATH <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	SPINAL CORD SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON for death <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	NEURO - CEB <input type="checkbox"/> YES <input type="checkbox"/> NO

IMMEDIATE MACROSCOPIC ANALYSIS

BRAIN WEIGHT (KG) <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	FORMALIN HEMISPHERE <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> x2
BRAIN INJURY(ISE) FOUND <input type="checkbox"/> YES <input type="checkbox"/> NO	PRECISION / FURTHER DETAILS :
DETAILS IF OBSERVED <input style="width: 80%; border: 1px solid #ccc;" type="text"/>	<input style="width: 80%; border: 1px solid #ccc;" type="text"/>

FORMALDEHYDE MACROSCOPIC ANALYSIS

BRAIN HERNATION : <input type="checkbox"/> YES <input type="checkbox"/> NO	SN HYPOPIGMT° : <input type="checkbox"/> YES <input type="checkbox"/> NO
ATROPHY : <input type="checkbox"/> YES <input type="checkbox"/> NO	LC HYPOPIGMT° : <input type="checkbox"/> YES <input type="checkbox"/> NO
ISCHEMIC STROKE : <input type="checkbox"/> YES <input type="checkbox"/> NO	HEMORRHAGE : <input type="checkbox"/> YES <input type="checkbox"/> NO
DEMYELINATED PLAQUES <input type="checkbox"/> YES <input type="checkbox"/> NO	BRAIN TUMOR : <input type="checkbox"/> YES <input type="checkbox"/> NO
ATHEROSCLEROSIS : <input type="checkbox"/> YES <input type="checkbox"/> NO	PRECISION / FURTHER DETAILS :

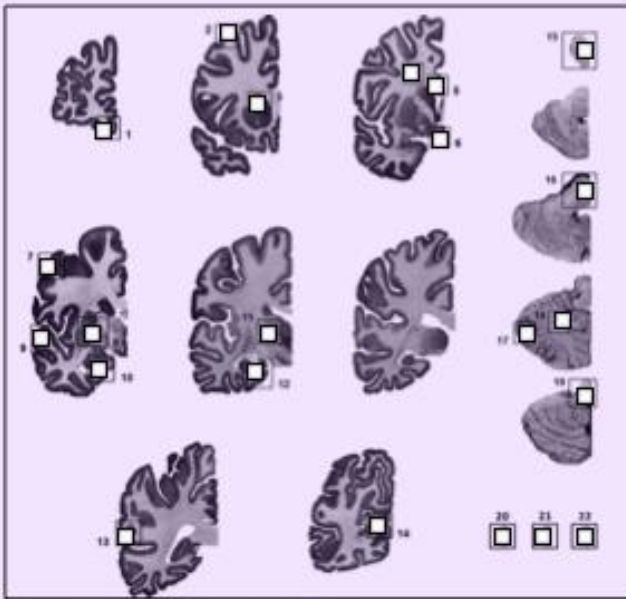


FRONTAL <input type="checkbox"/>	PARIETAL <input type="checkbox"/>	CAUDATE NUCLEUS <input type="checkbox"/>
TEMPORAL <input type="checkbox"/>	OCCIPITAL <input type="checkbox"/>	CEREBELLUM <input type="checkbox"/>
		SPINAL CORD <input type="checkbox"/>
		RADICULAR <input type="checkbox"/>

PRECISION / FURTHER DETAILS :

MICRO STAINING : NEURONAL LOSS

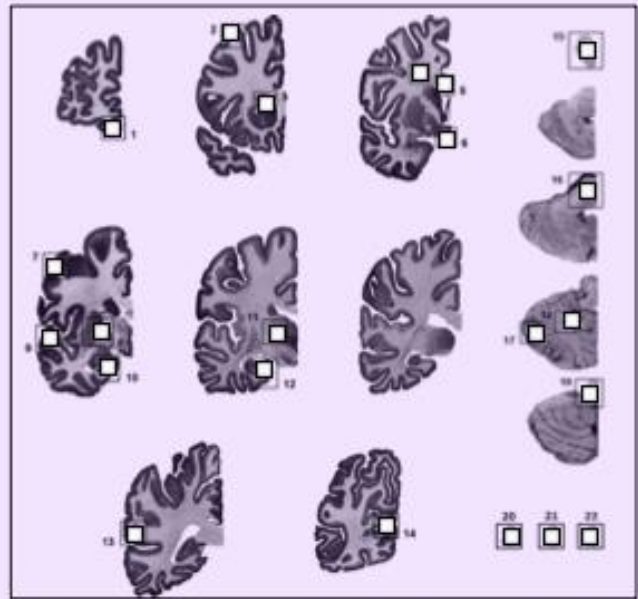
NEURONAL LOSS : YES NO
LOCALISATION IF SO :



PRECISION / FURTHER DETAILS :

MICRO STAINING : GLIOSIS (ASTRO/MICRO)

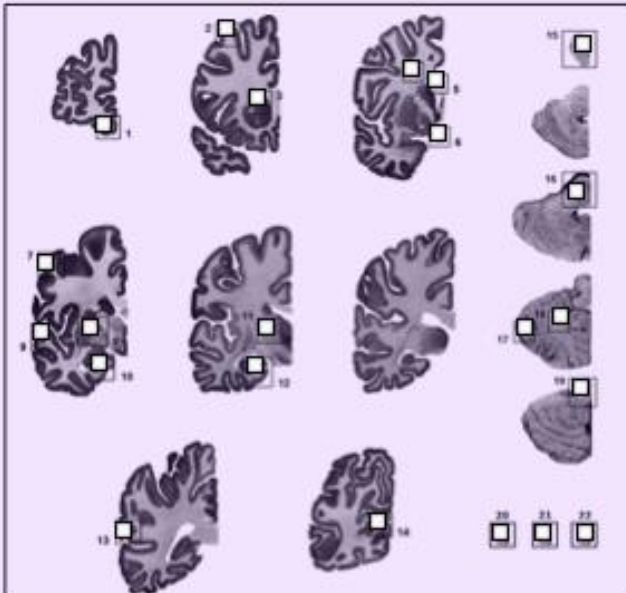
GLIOSIS (ASTRO/MICRO) : YES NO
LOCALISATION IF SO :



PRECISION / FURTHER DETAILS :

MICRO STAINING : SPONGIOSIS

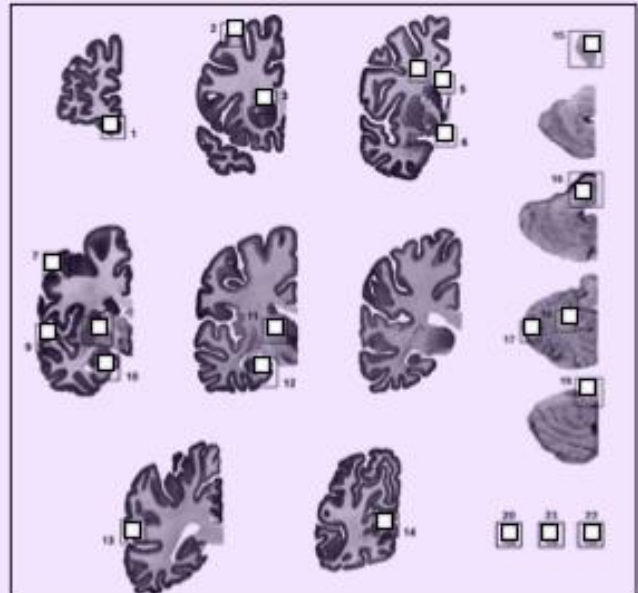
SPONGIOSIS : YES NO
LOCALISATION IF SO :



PRECISION / FURTHER DETAILS :

MICRO STAINING : OTHER DAMAGE(S)

OTHER DAMAGE(S) : YES NO
LOCALISATION IF SO :



PRECISION / FURTHER DETAILS :

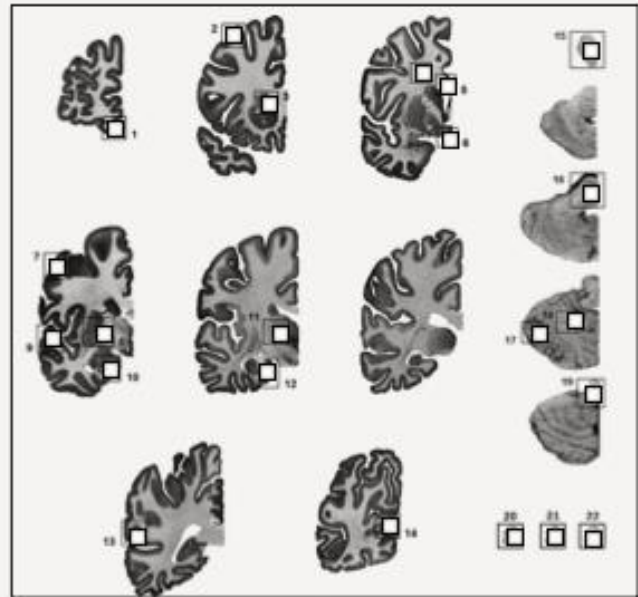
MICRO IHC : ANTIBODIES USED

- | | |
|--|--|
| <input type="checkbox"/> UBIQUITIN | <input type="checkbox"/> P62 |
| <input type="checkbox"/> A-BETA 40 | <input type="checkbox"/> A-BETA 42 |
| <input type="checkbox"/> TAU | <input type="checkbox"/> pTAU |
| <input type="checkbox"/> 3R TAU | <input type="checkbox"/> 4R TAU |
| <input type="checkbox"/> A-SYNUCLEIN | <input type="checkbox"/> TDP-43 |
| <input type="checkbox"/> pTDP-43 | <input type="checkbox"/> FUS |
| <input type="checkbox"/> SOD1 | <input type="checkbox"/> POLYGLUTAMINE |
| <input type="checkbox"/> PrP | <input type="checkbox"/> NEUROFILAMENT |
| <input type="checkbox"/> CYSTC | <input type="checkbox"/> MBP |
| <input type="checkbox"/> CD3 | <input type="checkbox"/> CD20 |
| <input type="checkbox"/> CD68 | <input type="checkbox"/> IBA1 |
| <input type="checkbox"/> BETA CRYSTALLIN | <input type="checkbox"/> GFAP |

OTHER :

MICRO IHC : UBIQUITIN PATHOLOGY

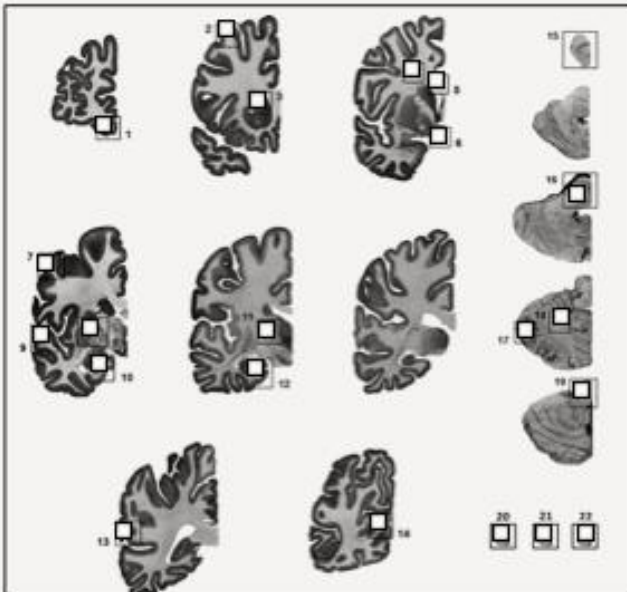
UBIQUITIN PATHOLOGY : YES NO
LOCALISATION IF SO :



FURTHER DETAILS :

MICRO IHC : AMYLOID BETA PATHOLOGY

AMYLOID BETA PATHOLOGY : YES NO
LOCALISATION IF SO :

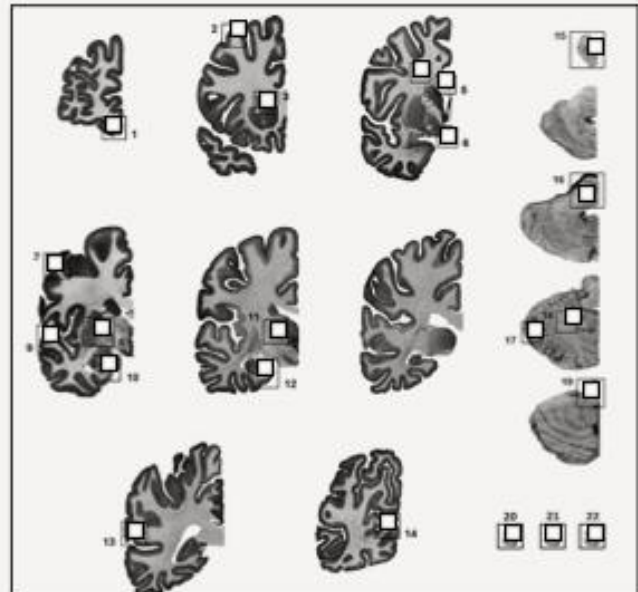


DETAILS :

(A) THAL SCORE :

MICRO IHC : TAU PATHOLOGY

TAU PATHOLOGY : YES NO
LOCALISATION IF SO :



(B) BRAAK STAGE :

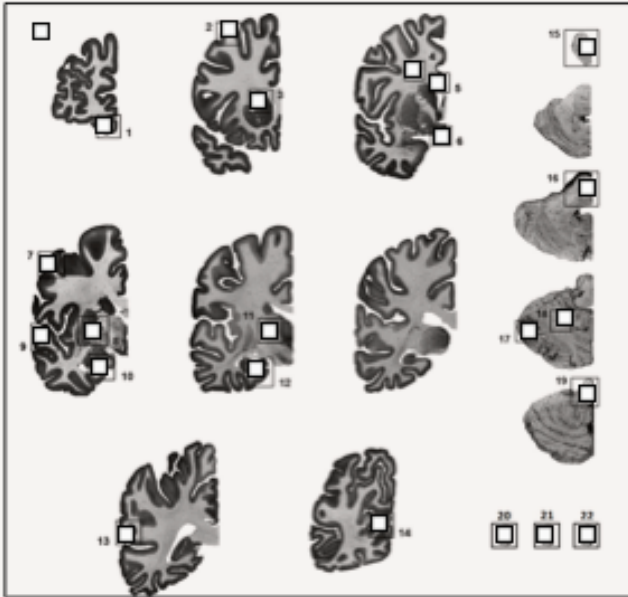
DETAILS :

(C) CERAD SCORE :

MICRO IHC : SYNUCLEIN PATHOLOGY

SYNUCLEIN PATHOLOGY : YES NO

LOCALISATION IF SO :



BRAAK STAGE :

DETAILS :

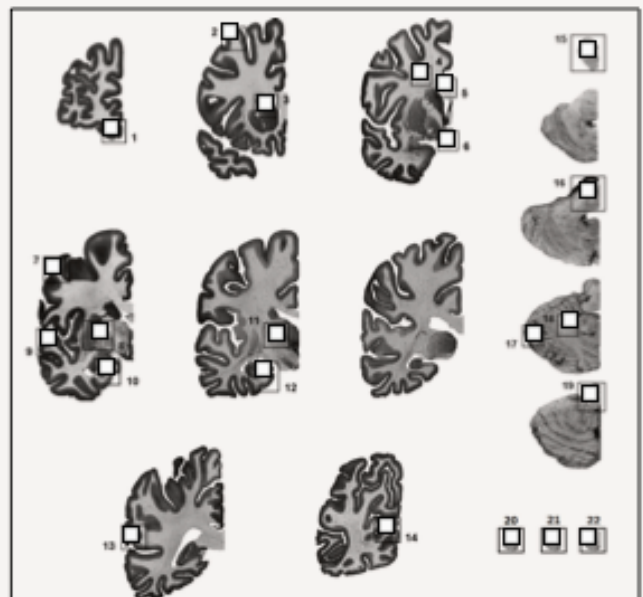
1 2 3 4 5 6

SEVERITY

MICRO IHC : TDP-43 PATHOLOGY

TDP-43 PATHOLOGY : YES NO

LOCALISATION IF SO :



MACKENZIE CLASSIFICATION :

DETAILS :

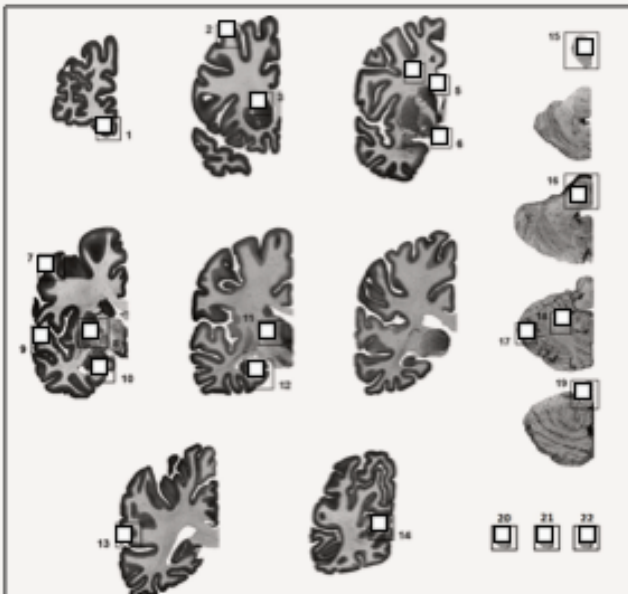
A B C D

SEVERITY

MICRO IHC : TRIPLET REPEAT PATHOLOGY

TRIPLET PATHOLOGY : YES NO

LOCALISATION IF SO :

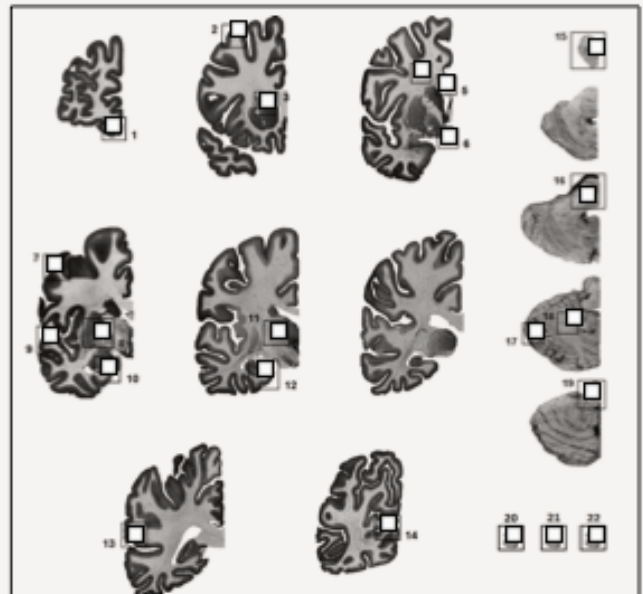


FURTHER DETAILS :

MICRO IHC : A-BETA VASCULAR PATHOLOGY

A-BETA VASCU PATHOLOGY : YES NO

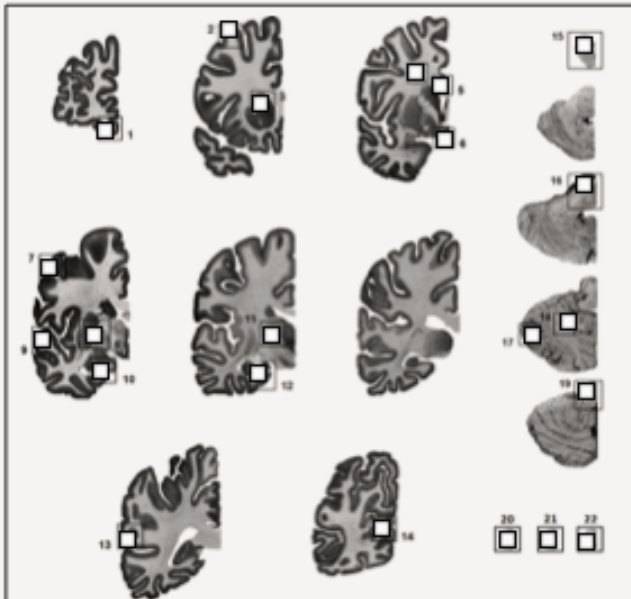
LOCALISATION IF SO :



FURTHER DETAILS :

MICRO IHC : OTHER LABELLING

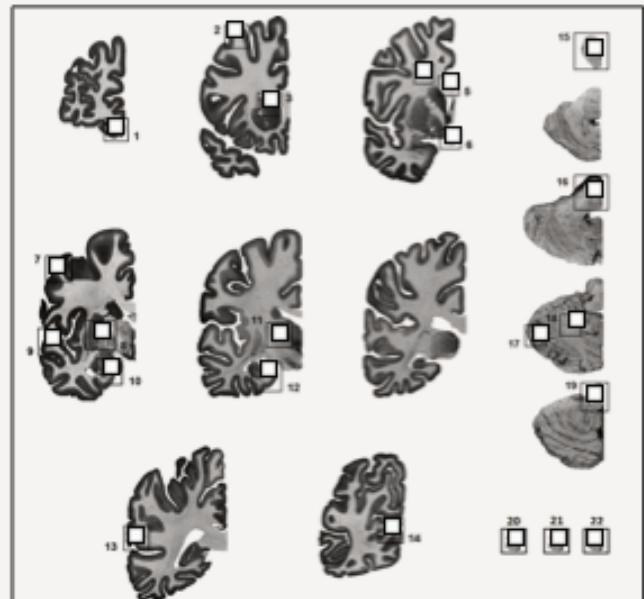
IHC OTHER PATHOLOGY : YES NO
 LOCALISATION IF SO :



DETAILS (ANTIBODIES, DAMAGES) :

MICRO IHC : OTHER LABELLING

IHC OTHER PATHOLOGY : YES NO
 LOCALISATION IF SO :



DETAILS (ANTIBODIES, DAMAGES) :

HISTOLOGICAL DIAGNOSIS

HISTOLOGICAL DIAGNOSIS N° 1

HISTOLOGICAL DIAGNOSIS N° 2

HISTOLOGICAL DIAGNOSIS N° 3

FURTHER DETAILS

FINAL DIAGNOSIS

FINAL DIAGNOSIS SELECTED

DETAILS

CLINICOPATHOLOGICAL CORRELATION CONCORDANT DISCORDANT

DIDACTIC CASE

DIDACTIC CASE : YES NO