

# Harvard Neuromuscular Disease Project- Muscular Dystrophy

## Form 1 Inclusion/Exclusion Criteria

Study ID #   
Date of Visit   
Person Completing Form   
Person Entering Data  Date Data Entry Complete

Does the patient have a diagnosis of Duchene/Becker, LGMD, FSH or Myotonic Dystrophy or Miyoshi Myopathy?  yes  no

Does the patient have other MD diagnosis?  Yes  No

Has the patient had a muscle biopsy?  yes  no

Has the patient had molecular testing?  yes  no  Other...

Muscle is available from previous biopsy for use in this research study  yes  no

Is this a family member  proband  affected family member  Other...

# Medical History Form 2a

Study ID #

Date of Visit

Person Completing Form

Person Entering Data

Date Data Entry Complete

## Demographics

Gender  M  F

Date of birth

Ethnic Background Maternal

Paternal

NIH Ethnic Status  Hispanic/Latino  
 Not Hispanic/Latino

US Census Racial Group  White  Native American or Alaskan  Other...  
 Black/African Am  Asian  
 Native Hawaiian/Pacific Islander  Unknown

Consanguinity?  Yes  No

Is the participant the proband or affected family member?  proband  
 affected family member

Specify relation \_\_\_\_\_

Motor and Cognitive Dev

Pregnancy and Birth

Study ID #

Form 4  
Chart Review

## Biopsy Data

Was muscle biopsy done?  yes  no

Biopsy Date

Biopsy Status

biopsy Insitution

Fiber type disproportion  Yes  No

Predominance  type 1  type 2

Inculsion Bodies  yes  no

Muscle Biopsied

Other Findings

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Lab Data Results

Immunohistochemistry