

【Infectious disease screening】 *Mandatory

HBs-Ag (-/ +/ not tested) HCV-Ab (-/ +/ not tested) HTLV-1-Ab (-/ +/ not tested) HIV-Ag/Ab (-/ +/ not tested)

Clinical Summary Form for *Adult Patient*

Specimen No. (for NCNP use only)

Patient name: (in English) _____ **Medical record No.:** _____
(in Japanese/Chinese) _____

Date of birth: _____ [D/M/Y] (Age: _____ yrs _____ mos) **Sex:** M / F

Ethnicity: _____

Clinical diagnosis : _____

Sample type : Skeletal muscle / Peripheral nerve / Skin / Blood / Other **Sample for culture :** Yes / No

Site of muscle biopsy: (R L) _____ (Performed on: _____ [D/M/Y])

Hospital*: _____ **Department*:** _____

Address*: _____

*Use Japanese for Japanese hospitals

TEL: _____ **FAX:** _____

Attending physician*: _____ **E-mail:** _____

Chief complaint: _____

Present illness: _____

Past history: _____

Underlying disease(s) _____

Medication (s) (N / Y name and period used _____)

Steroid (N / Y name and period used _____)

Developmental history (Normal Abnormal _____)

Family history:

Parental consanguinity N / Y _____

Neuromuscular disease N / Y _____

Physical examination:

Height: _____ cm Weight: _____ kg

Skin abnormality (N / Y _____)

Spine deformity (N lordosis scoliosis)

Chest deformity (N pigeon funnel)

Joint contracture (N / Y site _____)

High-arched palate (N / Y narrow wide)

Minor anomaly (N / Y _____)

Respiratory insufficiency (N / Y) Mechanical ventilation (N / Y since _____, NPPV or TPPV)

Family Tree

Neurological findings:

Intelligence (normal borderline low) Cognitive function (MMSE HDS-R _____)
 Cranial nerve: Ptosis (N / Y) Ophthalmoplegia (N / Y _____)
 Facial muscle involvement (N / Y)
 Dysarthria / dysphonia (N / Y _____) Dysphagia (N / Y _____)
 Motor system: Grip power (R _____ kg / L _____ kg)
 Walking (N / Y possible with assistance tool _____)

MMT		Neck	Shoulder	Elbow	Wrist	Fingers	Hip	Knee	Ankle
Flexion	R		abduction						
	L		abduction						
Extension	R		/						
	L								

Muscle atrophy (N / Y _____) Winged scapula (N / Y _____)
 Muscle hypertrophy (N / Y GC tongue other _____) Muscle tone (normal ↓ ↑)
 Myotonia (N / Y _____) Strength fluctuation (N / Y diurnal within a week within a month)
 Myalgia (N / Y site _____, time between exercise and onset of myalgia _____, after exercise)
 Neck movement limitation (N / Y flexion extension rotation) DTR (normal ↓ absent ↑ _____)
 Involuntary movement (N / Y _____) Cerebellar sign (N / Y _____)
 Sensory system (normal / abnormal _____)
 Autonomic system (normal / abnormal _____)
 Fundus examination _____ Others _____

Laboratory result:

CK at rest _____ (Normal range: _____) Aldolase _____ (Normal range: _____)
 AST _____ ALT _____ CRP _____ ESR _____ ACE _____
 Serum lactate _____ (normal range: _____) CSF lactate _____
 Serum pyruvate _____ (normal range: _____) CSF pyruvate _____
 Autoantibodies _____
 M proteinemia (N / Y λ type κ type)
 Infectious disease (other than the list in the beginning) _____
 Endocrinological disease _____
 Forearm exercise test _____
 EMG _____
 NCS/ RNS _____
 Imaging findings (send imaging data if possible)
 Muscle imaging (CT MRI ultrasound) _____
 Brain/ spine imaging (CT MRI) _____
 EKG _____ Echocardiogram _____
 Respiratory function VC _____ L % VC _____ % (Sitting Supine)
 Others _____

Record by: _____ **Date:** _____ [D/M/Y]

Additional clinical information for *Myositis*

(When myositis is suspected, also fill this form)

Specimen No. (for NCNP use only)

CLINICAL FINDINGS

Skin lesion: Gottron sign (N / Y) Mechanic's hands (N / Y) Heliotrope rash (N / Y)
Other (N / Y _____) Skin biopsy (N / Y _____)
Motor system: Myalgia (N / Y) Dysphagia (N / Y)

LABORATORY FINDINGS

CBC: WBC _____ / μ l Hb _____ g/dl Plt _____ / μ l

Urinalysis: Protein (N / Y)

Antibody testing:

Anti ARS Ab (-/+ : titer _____ / not tested) Anti Jo-1 Ab (-/+ : titer _____ / not tested)
Anti SRP Ab (-/+ : titer _____ / not tested) Anti mitochondrial M2 Ab (-/+ : titer _____ / not tested)
Anti HMGR Ab (-/+ : titer _____ / not tested) Anti TIF1 γ Ab (-/+ : titer _____ / not tested)
Anti MDA5 Ab (-/+ : titer _____ / not tested) Anti Mi-2 Ab (-/+ : titer _____ / not tested)
Anti NXP-2 Ab (-/+ : titer _____ / not tested) Anti SAE Ab (-/+ : titer _____ / not tested)
Anti SS-A Ab (-/+ : titer _____ / not tested) Anti SS-B Ab (-/+ : titer _____ / not tested)
Anti RNP Ab (-/+ : titer _____ / not tested) Anti Scl-70 Ab (-/+ : titer _____ / not tested)
Anti DNA Ab (-/+ : titer _____ / not tested) Anti nuclear Ab titer _____ , type _____ / not tested

EXTRAMUSCULAR MANIFESTATIONS

Interstitial pneumonia (N / Y) KL-6 _____ Cardiac abnormality (N / Y _____)
Chest X-ray _____
Chest CT _____
Concurrent malignancy (N / Y Diagnosis _____)
History of malignancy (N / Y Diagnosis _____ Time of onset before myositis _____)
Other connective tissue disease (N / Y symptoms and findings _____)
Statin use (N / Y : currently , in the past), provide the name and period of use _____
(when the blood sample is submitted, please also provide the date of drawing blood _____ / _____ / _____)
Current use of steroid / immunomodulatory drugs (N / Y _____)
Other active inflammation (including flu, allergy, and trauma) _____

Additional clinical information for **FSHD**

(When FSHD is suspected, also fill this form)

Specimen No. (for NCNP use only)

Family History (N / Y) If yes (Y), draw a pedigree in the clinical summary form

Symptoms:

Sleep with eyes half open (N / Y) since age ___ yrs Difficulty closing eyes (N / Y) since age ___ yrs
Difficulty whistling (N / Y) since age ___ yrs Difficulty sucking with straw (N / Y) since age ___ yrs
Difficulty closing mouth (N / Y) since age ___ yrs Difficulty raising arms (N / Y) since age ___ yrs
Difficulty placing things on overhead shelves (N / Y) since age ___ yrs
Difficulty doing pullover on gymnastic bar (N / Y) since age ___ yrs
Able to stand up from a chair without any difficulty (N / Y)
Able to stand up from a chair using hands to support (N / Y)
Able to walk but unable to stand up from a chair (N / Y)
Unable to walk (N / Y)

Physical findings:

Winged scapula (N / Y) Scapula elevation on shoulder abduction (N / Y) Beavor sign (N / Y)
Ciliary sign (N / Y) Tongue atrophy (N / Y) Dysphagia (N / Y) Funnel chest (N / Y) Lumbar lordosis (N / Y)

<Muscle weakness/atrophy>

Orbicularis oculi	(Normal / R>L / R<L / R=L)	Quadriceps femoris	(Normal / R>L / R<L / R=L)
Orbicularis oris	(Normal / R>L / R<L / R=L)	Hamstrings	(Normal / R>L / R<L / R=L)
Biceps brachii	(Normal / R>L / R<L / R=L)	Tibialis anterior	(Normal / R>L / R<L / R=L)
Deltoid	(Normal / R>L / R<L / R=L)	Gastrocnemius	(Normal / R>L / R<L / R=L)
Pectoralis major	(Normal / R>L / R<L / R=L)	R>L: Weakness predominantly in the right	

<Extramuscular abnormalities>

Audiometry (ND / Normal / Impaired R ___ dB L ___ dB) Retinal vessel abnormality (N / Y)

Others _____

Association with autoimmune disease (N / Y _____)

Anti-AChR Ab (- / + : titer ___ / not tested) Anti SRP Ab (- / + : titer ___ / not tested) Others (_____)

Other findings (Describe any findings that led to the clinical diagnosis of FSHD) _____
