

Protocol Number:
Site:
Person Completing Form:

Participant ID:
Date of Visit:

1. Diagnosis:	<input type="radio"/>	Charcot Marie Tooth Disease (CMT)	<input type="radio"/>	Hereditary Neuropathy with Liability to Pressure Palsies (HNPP)		
	<input type="radio"/>	Hereditary Motor Neuropathy (HMN)	<input type="radio"/>	Hereditary Sensory Neuropathy (HSN)		
	<input type="radio"/>	Unknown	<input type="radio"/>	Other		
	<input type="radio"/>	Control	If Other, specify: (Use only capital letters. Use only 1 space to separate two words. Do not use commas.) _____ _____			
2. NCS Pattern:	<input type="radio"/>	Demyelinating	<input type="radio"/>	Axonal		
	<input type="radio"/>	Intermediate	<input type="radio"/>	Unknown		
3. Inheritance:	<input type="radio"/>	Dominant	<input type="radio"/>	Recessive		
	<input type="radio"/>	X-linked	<input type="radio"/>	Unknown		
4. Does the patient have Diabetes?	<input type="radio"/>	Yes	<input type="radio"/>	No		
4a. If yes, indicate diabetes type:	<input type="radio"/>	Type 1	<input type="radio"/>	Type 2		
	<input type="radio"/>	Gestational Diabetes	<input type="radio"/>	Pre-diabetes		
5. Genetic Testing:	<input type="radio"/>	Not tested (pt or family)	<input type="radio"/>	Tested (pt or family)		
6. CMT Subtype (Primary Pathogenic Mutation)*:	<input type="radio"/>	Autosomal Dominant CMT1	<input type="radio"/>	CMT1A (<i>PMP22</i> duplication)	<input type="radio"/>	CMT1E (<i>PMP-22</i> point mutation)
			<input type="radio"/>	CMT1B (<i>MPZ</i>)	<input type="radio"/>	CMT1F (<i>NEFL</i>)
			<input type="radio"/>	CMT1C (<i>LITAF</i>)	<input type="radio"/>	CMT 1 Plus: (<i>FBLN5</i>)
			<input type="radio"/>	CMT1D (<i>EGR2</i>)	<input type="radio"/>	Other
			If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____			
	<input type="radio"/>	HNPP (<i>PMP-22</i> deletion)				
	<input type="radio"/>	Autosomal Recessive Demyelinating	<input type="radio"/>	CMT4A (<i>GDAP1</i>)	<input type="radio"/>	CMT4E (<i>EGR2</i>)
			<input type="radio"/>	CMT4B1 (<i>MTMR2</i>)	<input type="radio"/>	CMT4F (<i>PRX</i>)
			<input type="radio"/>	CMT4B2 (<i>MTMR13</i>)	<input type="radio"/>	CMT4G (<i>HK1</i>)
			<input type="radio"/>	CMT4B3 (<i>SBF1</i>)	<input type="radio"/>	CMT4H (<i>FGD4</i>)
			<input type="radio"/>	CMT4C (<i>SH3TC2</i>)	<input type="radio"/>	CMT4J (<i>FIG4</i>)
			<input type="radio"/>	CMT4D (<i>NDRG1</i>)	<input type="radio"/>	Other
	If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____					
<input type="radio"/>	Autosomal Dominant CMT2	<input type="radio"/>	CMT2A (<i>MFN2</i>)	<input type="radio"/>	CMT2M (<i>DNM2</i>)	
		<input type="radio"/>	CMT2B/ HSN1B (<i>RAB7</i>)	<input type="radio"/>	CMT2N: (<i>AARS</i>)	
		<input type="radio"/>	CMT2C (<i>TRPV4</i>)	<input type="radio"/>	CMT2O: (<i>DYNC1H1</i>)	
		<input type="radio"/>	CMT2D (<i>GARS</i>)	<input type="radio"/>	CMT2P (<i>LRSAM1</i>)	
		<input type="radio"/>	CMT2E (<i>NEFL</i>)	<input type="radio"/>	CMT2P-Okinawa/HSMN-P (<i>TFG</i>)	
		<input type="radio"/>	CMT2F (<i>HSPB1</i>)	<input type="radio"/>	CMT2Q (<i>DHTKD1</i>)	
		<input type="radio"/>	CMT2I: late onset CMT2 (<i>MPZ</i>)	<input type="radio"/>	CMT2 (<i>MARS</i>)	
		<input type="radio"/>	CMT2J: CMT2 with hearing loss and pupillary abnormalities (<i>MPZ</i>)	<input type="radio"/>	CMT2 (<i>HARS</i>)	

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		<input type="radio"/> CMT2K: (<i>GDAP1</i>)	<input type="radio"/> SPG10: hereditary spastic paraplegia (<i>KIF5A</i>)	
		<input type="radio"/> CMT2L: (<i>HSPB8</i>)	<input type="radio"/> CMT2 with or without pyramidal signs (<i>MT-ATP6</i>)	
		<input type="radio"/> Other		
		If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____		
	<input type="radio"/>	Autosomal Recessive Axonal	<input type="radio"/> AR CMT2B1 (<i>LMNA</i>)	<input type="radio"/> AR CMT2 (<i>KARS</i>)
			<input type="radio"/> AR CMT2B2 (<i>MED25</i>)	<input type="radio"/> NMNAN: Neuromyotonia (<i>HINT1</i>)
			<input type="radio"/> AR CMT2 (<i>GDAP1</i>)	<input type="radio"/> AR-CMT2: infantile onset (<i>TRIM2</i>)
			<input type="radio"/> AR-CMT2 (<i>MFN2</i>)	<input type="radio"/> Lethal congenital contractural syndrome type 2 (<i>ERBB3</i>)
			<input type="radio"/> AR-CMT2 (<i>NEFL</i>)	<input type="radio"/> Early onset AR-CMT2 (<i>SMN1</i>)
			<input type="radio"/> AR-CMT2 (<i>LRSAM1</i>)	<input type="radio"/> Other
			If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____	
	<input type="radio"/>	X-linked CMT	<input type="radio"/> CMT1X (<i>GJB1</i>)	<input type="radio"/> Other
			<input type="radio"/> CMTX6 (<i>PDK3</i>)	
			If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____	
	<input type="radio"/>	Dominant intermediate CMT	<input type="radio"/> CMTDIB/CMT2M (<i>DNM2</i>)	<input type="radio"/> CMTDIE (<i>INF2</i>)
			<input type="radio"/> CMTDIC (<i>YARS</i>)	<input type="radio"/> CMTD1F (<i>GNB4</i>)
			<input type="radio"/> CMTDID (<i>MP2</i>)	<input type="radio"/> Other
			If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____	
	<input type="radio"/>	Recessive intermediate CMT	<input type="radio"/> CMTRIA (<i>GDAP1</i>)	<input type="radio"/> RI-CMT (<i>PLEKHG5</i>)
			<input type="radio"/> CMTRIB (<i>KARS</i>)	<input type="radio"/> Other
If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____				
<input type="radio"/>	Hereditary Motor Neuropathy	<input type="radio"/> HMN2A (<i>HSPB8</i>)	<input type="radio"/> HMN7A (<i>SLC5A7</i>)	
		<input type="radio"/> HMN2B (<i>HSPB1</i>)	<input type="radio"/> HMN7B (<i>DCTN1</i>)	
		<input type="radio"/> HMN2C (<i>HSPB3</i>)	<input type="radio"/> SMAX3 (<i>ATP7A</i>)	
		<input type="radio"/> HMN with pyramidal features/ ALS4 (<i>SETX</i>)	<input type="radio"/> SMALED (<i>BICD2</i>)	
		<input type="radio"/> DSMA5 (<i>DNAJB2</i>)	<input type="radio"/> SMALED/CMT20 (<i>DYNC1H1</i>)	
		<input type="radio"/> HMN5A (<i>BSCL2</i>)	<input type="radio"/> SPSMA (<i>TRPV4</i>)	
		<input type="radio"/> HMN5A (<i>GARS</i>)	<input type="radio"/> HMN (<i>AARS</i>)	
		<input type="radio"/> HMN5B, SPG31 (<i>REEP1</i>)	<input type="radio"/> Other	
		<input type="radio"/> HMN6/ SMARD1 (<i>IGHMBP2</i>)		
		If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____		
<input type="radio"/>	Hereditary Sensory Neuropathy	<input type="radio"/> HSAN1A (<i>SPTLC1</i>)	<input type="radio"/> HSAN3 (<i>IKBKAP</i>)	
		<input type="radio"/> HSAN1C (<i>SPTLC2</i>)	<input type="radio"/> HSAN4 (<i>NTRK1</i>)	
		<input type="radio"/> CMT2B (<i>RAB7</i>)	<input type="radio"/> HSAN5 (<i>NGF-B</i>)	
		<input type="radio"/> HSN1D (<i>ATL1</i>)	<input type="radio"/> Insensitivity to pain/Paroxysmal extreme pain disorder/Primary erythromalgia (<i>SCN9A</i>)	
		<input type="radio"/> HSN1E (<i>DNMT1</i>)	<input type="radio"/> HSAN and dementia (<i>PRNP</i>)	

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		<input type="radio"/> HSAN2A (<i>WNK1</i>)	<input type="radio"/> HSAN+myopathic facies (<i>DST</i>)
		<input type="radio"/> HSAN2B (<i>FAM134B</i>)	<input type="radio"/> Other
		<input type="radio"/> HSN2C (<i>KIF1A</i>)	
	If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____		
	<input type="radio"/> Syndromic CMT	<input type="radio"/> CCFDN: congenital cataracts, facial dysmorphism and neuropathy (<i>CTDP1</i>)	<input type="radio"/> HSAN+spastic paraparesis (<i>CCT5</i>)
		<input type="radio"/> CMTX4 (Cowchock syndrome) (<i>AIFM1</i>)	<input type="radio"/> Waardenburg-Shah syndrome: Hirschsprung disease (<i>SOX10</i>)
<input type="radio"/> CMTX5 (<i>PRPS1</i>) – syndromic neuropathy		<input type="radio"/> Other	
<input type="radio"/> PNMHH (<i>MYH14</i>) – myopathy and hearing loss			
If Other, specify: (Use only capital letters and no spaces within the name of the subtype or mutation. Use only 1 space to separate two names. Do not use commas.) _____			
<input type="radio"/>	Patient has multiple primary pathogenic mutations/CMT Subtypes.		
<input type="radio"/>	Unknown		

7. Mutation Type*:	<input type="radio"/> Duplication	<input type="radio"/> Deletion	<input type="radio"/> Unknown
	<input type="radio"/> Sequence	<input type="radio"/> Other (ex. Multiple Primary Pathogenic Mutations)	
	If Other, specify: - For the unusual cases in which disease causing mutations in multiple genes may be present, please specify the genes and their mutation types. Type the gene first, hyphen, then type using the abbreviations: DUP, DEL, SEQ (no spaces). - Use only capital letters and no spaces within the name of a gene or mutation type. Use only 1 space to separate words. Do not use commas.		_____ _____ _____

Nucleotide Change:	_____
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Amino Acid Change:	_____
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8. Genes Tested & Results:	PMP22	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	GJB1 (CX32)	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	MFN2	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	GDAP1	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	SH3TC2	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	LITAF	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	EGR2	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	RAB7	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	GARS	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	NEFL	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	HSPB1	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	HSPB8	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	PRX	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	MPZ	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	BSCL2	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested
	DMN2	<input type="radio"/> Positive	<input type="radio"/> Negative	<input type="radio"/> Not tested



INC 6601 – Minimal Data Set – Diagnosis Information

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	FGD4	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	FIG4	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	LMNA	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	MTMR2	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	NDRG1	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	PRPS1	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	SBF2 (MTMR13)	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	SOX10	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	SPTLC1	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	TRPV4	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	YARS	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
If Other, Specify (Use only capital letters and no spaces within the gene name.):							
	_____	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	_____	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	_____	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	_____	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
	_____	<input type="radio"/>	Positive	<input type="radio"/>	Negative	<input type="radio"/>	Not tested
Notes:	<hr/> <hr/>						