

NAME OF THE HOSPITAL: _____

3). Immunoglobulin Therapy - 5 Days Stay: M9T3.11

1. Name of the Procedure: Immunoglobulin Therapy - 5 Days Stay
2. Indication: CIDP/ GuillianBarre Syndrome/ Myaesthesia gravis/ Polymyositis/
Dermatomyositis/ Myelitis
3. Does the patient presented with clinical features Indicative of the above mentioned diseases: Yes/No
4. If the answer to question 3 is Yes is there evidence of
 - a. CIDP confirmed through NCS showing demyelinating neuropathy AND/OR
Albuminocytological dissociation on CSF examination: Yes/No (Upload reports)
 - b. AIDP confirmed through NCS showing demyelinating neuropathy AND/OR
Albuminocytological dissociation on CSF examination: Yes/No (Upload reports)
 - c. Myaesthesia gravis confirmed through conduction studies showing decremental response AND/OR presence of Acetylcholine receptor antibodies: Yes/No (Upload reports)
 - d. Polymyositis confirmed through investigations like Raised CPK, Biopsy report and
Conductive studies showing myopathic pattern: Yes/No (Upload reports)
 - e. Myelitis confirmed through MRI Spine: Yes/No (Upload report)

For Eligibility for Immunoglobulin Therapy - 5 Days Stay the answer to either question 4a OR 4b OR 4c OR 4d OR 4e must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
