

NAME OF THE HOSPITAL: \_\_\_\_\_

1). CIDP - 10 Days Stay: M9T3.1

1. Name of the Procedure: CIDP - 10 Days Stay
2. Indication: CIDP
3. Does the patient presented with progressive or relapsing muscle weakness for 2 months or > 2months, symmetrical proximal and distal weakness in upper or lower extremities, hyporeflexia or areflexia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of:
  - a. Features of demyelination (Motor nerve conduction < 70% of lower limit of normal) on nerve conduction study: Yes/No (Upload NCS report)
  - b. Protein level > 45mg/decil and cell count < 10 micro L on CSF examination: Yes/No (Upload CSF report)
  - c. Sural nerve biopsy with features of demyelination and remyelination including fiber loss and perivascular inflammation: Yes/No (Upload biopsy report) - Optional
5. If the answer to question 4a AND/OR 4b is Yes is there evidence of:
  - a. Relevant systemic disease or toxic exposure: Yes/No
  - b. Family history of Neuropathy: Yes/No
  - c. Nerve biopsy findings incompatible with diagnosis: Yes/No

For Eligibility for CIDP -10 Days Stay the answer to questions 5a AND 5b AND 5c must be No

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

Treating Doctor Signature with Stamp

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