

Name, first name:  
Birth date:

Source:

## PARACLINICAL ASSESSMENT

Day Month Year

### CEREBRO-SPINAL FLUID

Date :

**White cell count**

Not done      $< 2 / \text{mm}^3$       $\geq 2 / \text{mm}^3$ , exact number:

**Chemistry**

	CSF (mg/l)	Serum (g/l)	
Total proteins	<input type="text"/>	<input type="text"/>	
Albumin	<input type="text"/>	<input type="text"/>	
IgG	<input type="text"/>	<input type="text"/>	IgG index: <input type="text"/>

**Oligoclonal banding**

Unknown     No     Yes     Equivocal