EPICURE Phenotype Documentation: IGE FAMILY

FAMILY ID: ..... CENTER_ID:.....

ETHNIC ORIGIN: ..... DATE:.....

PEDIGREE

Indicate individual code, epilepsy syndromes and EEG findings.

	INDIVIDUAL_ID:	DATE OF BIRTH	SAMPLE TAKEN	EEG
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N
____	.....	_____	Y/N	Y/N