Patient ID		Date of Birth	__.__.____
Initials		Current Age	
Sex	m / f	Date of implantation	__.__.____
Nationality		Profession	
Handedness	L / R		

Electrodes of Interest:

(LTa - LTz; in *Brainregion;* Microwires M?1-8; #?)

Clinical Symptoms:

Lesions?

Notes:

Implantation scheme ☐

Previous MRIs ☐

Transfer cfg ☐

Boot PC ☐

LAN connection ☐

Prepare Tether cables ☐

Have CHET connected ☐

Check grounding ☐

Start Neuralynx (select cfg file!) ☐

Open windows for Trigger / LFP / Micros ☐

Make new folder ☐

Start ACQ ☐

Record ☐

Connect Trigger Box ☐

Interested in publication? _____