

Records: Please include as many of the following records as available

Research participation form or mailing address for form

Vaccination record

Pedigree

Seizure history

Treatment and condition progression

Neurological examination notes

Complete blood panel results, including:

Bile acid test

Lactic acid test

Toxoplasmosis result

Lyme titer

Ehrlichia titer

Rocky Mountain Spotted Fever titer

Cryptococcosis result

CSF results

MRI results