

**WIHS MEDICAL RECORD ABSTRACTION FORM  
PROGRESSIVE MULTIFOCAL  
LEUKOENCEPHALOPATHY**

**FORM M14  
FORM VERSION 04/15/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # \_\_\_\_\_ OF \_\_\_\_\_

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

		/			/		
	M			D			Y

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

		/			/		
	M			D			Y

**PROMPT: FOR ANY CT/MRI PERFORMED, COMPLETE FORM CA6  
FOR ANY BRAIN BIOPSY, COMPLETE FORM CA2 AND CA4**

**SECTION B: DEFINITIVE DIAGNOSIS**

YES                    NO

B1. Brain biopsy or autopsy positive for PML?  
(and recorded on Forms CA2 & CA4)..... 1 (**END**)                    2

**SECTION C: PROBABLE DIAGNOSIS**

YES                    NO

C1. Neurologic changes consistent with PML (limb weakness,  
gait abnormalities, visual loss, altered mental status,  
cognitive dysfunction)?..... 1                    2

C2. Clinical course consistent with PML? ..... 1                    2