

Network of European Reference Centers in Neurosonology (ERN^{Sono})

Application Form

Reference Center (e.g. Neurosonology laboratory):

Responsible physician (neurologist):

Hospital:

Address:

Contacts (e-mail, phone, fax):

Country:

A. Equipment of the Neurosonology Laboratory

1. Type of duplex sonography machine (incl. model year):

2. Type of probes:

3. Type of transcranial Doppler machine (incl. model year):

4. Type of probes:

5. Type of monitoring headframe:

6. Type of transportable duplex sonography machine (incl. model year):

7. Type of probes:

High-end duplex sonographic machine with duplex probe for examination of cervical arteries, transcranial duplex probe, convex probe (optional), and probe for neuromuscular ultrasound (optional)	YES	NO*
Transcranial Doppler with monitoring headframe	YES	NO*
Transportable duplex sonographic machine (for examination in intensive care units) – optional	YES	NO*

B. Personnel facilities

1. Name of responsible neurologist sonographer with certified national or international experience in neurosonology:

2. Specialty: *(should be neurologist experienced in cerebrovascular disease)*

3. Duration of medical practice: *(years)*

4. Duration of neurosonology practice: *(years)*

5. Approximate number of personally examined patients per year: *(separately duplex sonography of cervical arteries, transcranial color-coded duplex sonography, transcranial Doppler sonography, transcranial sonography, sonographic examinations of muscles and nerves)*

6. Certification in neurosonology: *(name of organization granted the certification, year of acquisition, inclusion the copy of the Certification)*

Membership in European neurosonological organizations

7. Name of sonographer/medical staff No. 2:

8. Specialty: *(e.g. neurologist experienced in cerebrovascular disease)*

9. Duration of medical practice: *(years)*

10. Duration of neurosonology practice: *(years)*

11. Approximate number of personally examined patients per year: *(separately duplex sonography of cervical arteries, transcranial color-coded duplex sonography, transcranial Doppler sonography, transcranial sonography, sonographic examinations of muscles and nerves)*

12. Certification in neurosonology: *(name of organization granted the certification, year of acquisition, inclusion the copy of the Certification)*

13. Name of sonographer/medical staff No. 3:

14. Specialty: *(e.g. neurology)*

15. Duration of medical practice: *(years)*

16. Duration of neurosonology practice: *(years)*

17. Approximate number of personally examined patients per year: *(separately duplex sonography of cervical arteries, transcranial color-coded duplex sonography, transcranial Doppler sonography, transcranial sonography, sonographic examinations of muscles and nerves)*

18. Certification in neurosonology: (*name of organization granted the certification, year of acquisition, inclusion the copy of the Certification*)

19. Names of other sonographers/medical staffs working in the laboratory: (*all sonographers and medical staffs working in the neurosonology laboratory should be mentioned*)

One responsible physician sonographer with certified national or international experience in neurosonology*. Responsible physician has to be a neurologist experienced in cerebrovascular disease with personally examination of more than 3000 cases confirmed by the head of the clinical department or the institution.	YES	NO*
Two sonographers/medical staff with national or international certified experience in neurosonology and personally examination of more than 2000 cases confirmed by the head of the clinical department.	YES	NO*
Membership in European neurosonological organizations (EAN Neurosonology Panel and either ESNCH or Neurosonology Research Group of the WFN)	YES	NO*

C. Application of the following neurosonological methods

- 1. Duplex sonography of cervical vessels - average number of examinations per year:**
- 2. Transcranial duplex color-coded sonography - average number of examinations per year:**
- 3. Transcranial sonography of brain parenchyma - average number of examinations per year:**
- 4. Transcranial Doppler - average number of examinations per year:**
- 5. Transcranial Doppler monitoring - average number of examinations per year:**
- 6. Neuromuscular ultrasound - average number of examinations per year:**

Duplex sonography of cervical vessels	YES	NO*
Transcranial duplex color-coded sonography	YES	NO*
Transcranial sonography of brain parenchyma	YES	NO*
Transcranial Doppler	YES	NO*
Transcranial Doppler monitoring (MES, vasomotor reactivity, PFO, etc.)	YES	NO*
Optional: Neuromuscular ultrasound	YES	NO*

D. Scientific activities

1. Total number of publications as first or senior author with neurosonology topics (including neurosonology as a part of the topic) in journals with IF > 1.0: (include also the list of publications)

2. Number of publications as first or senior author with neurosonology topics (including neurosonology as a part of the topic) in journals with IF > 1.0 during the last 5 years:

At least 5 publications as first or senior author with neurosonology topics in journals with IF > 1.0, thereof 2 publications during the last 5 years.	YES	NO*
Publications must contain original data	YES	NO*

E. Proven research network activities in Neurosonology (Collaborative studies and projects, collaborative teaching courses as faculty member)

1. Number of collaborative studies in neurosonology: (include also the list of studies)

2. Number of collaborative projects in neurosonology: (include also the list of projects)

3. Number of collaborative teaching courses in neurosonology: (include also the list of teaching courses and the role of members of the Reference Center)

Proven research network activities in Neurosonology	YES	NO*
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F. Teaching activities

1. Number of international neurosonological courses organization or active participation as faculty during the last 10 years under the auspices of national or international societies: (include also the list of teaching courses)

Organization or active participation as faculty in at least 3 international neurosonological courses during last 10 years under the auspices of national or international societies.	YES	NO*
Compliance and support of the teaching and certification concept of the EAN/ESNCH/NSRG.	YES	NO*

G. Neurosonology Laboratory belongs to the clinical department of Neurology or Institution, which can provide instructive patients for teaching courses and recruit cases for research trials

1. Name of the clinical department of Neurology or Institution where the Neurosonology Laboratory belongs to: *(confirmation that the Institution can provide instructive patients for teaching courses and recruit cases for research trials has to be attached)*

Neurosonology Laboratory belongs to the clinical department of Neurology or Institution, which can provide instructive patients for teaching courses and recruit cases for research trials	YES	NO*
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H. Adherence to the ERN Standards for Neurosonology Laboratories

1. Confirmation of adherence to the ERN Standards for Neurosonology Laboratories: *(the Confirmation has to be attached)*

Adherence to the ERN Standards for Neurosonology Laboratories	YES	NO*
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I. Re-accreditation every 5 years

1. Has the Reference Center received the accreditation in the past?: *(if YES, provide the details of the last accreditation)*

Re-accreditation	YES	NO*
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J. Letter of recommendation from SP member

1. Letter of recommendation from SP member: *(name of SP member and the date of the Letter, The Letter of recommendation has to be attached)*

Letter of recommendation from SP member	YES	NO*
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* will be fulfilled by EAN/ESNCH Steering Committee