FICTIONAL SPECIMEN · NOT FOR PATIENT CARE

EEG technical report

Preliminary technical analysis for physician review. All observations below are invented; no patient recording was reviewed. This example demonstrates organization, not clinical performance.

Recording & review scope

Study type	Long-term video-EEG
Reviewed interval	02 Nov 2026, 08:00 to 03 Nov 2026, 08:00 CST (UTC−6)
Scope	Complete EEG; event-linked video
Acquisition	19 scalp electrodes (10–20) plus M1/M2; 512 Hz
Display	Longitudinal / transverse bipolar and average reference; 7 µV/mm; 1–70 Hz; 10 s/page; notch off
Quality	F7 artifact, 02 Nov 21:06–21:09. Re-prepped at the same position; adjacent derivations remained readable. No recording gaps.

Summary of findings

1. Two left temporal electroclinical seizures, reproducing the habitual events.
2. Left anterior temporal sharp waves and intermittent focal slowing; otherwise organized background.
3. One marked lightheadedness episode without an ictal scalp EEG change.

Source references

E01-ON/OFF and E03-ON/OFF identify the example pattern-A events. E02 identifies the marked lightheadedness episode. TECH-F7 identifies the artifact interval. In a clinical engagement, these references point to the corresponding windows in the approved review system.

This shortened specimen omits case details that are not needed to demonstrate the handoff. Actual report fields are agreed with the receiving team.

FICTIONAL SPECIMEN · EVENT DETAIL

Events & supporting observations

All times CST (UTC−6). Duration is measured from the basis shown.

Event	Onset → offset	Duration / basis	Observation
E01 / A	02 Nov 2026 14:18:32 → 14:19:46	74 s EEG basis	Awake; behavioral arrest, lip smacking, left-hand fumbling.
E02 / B	02 Nov 2026 18:06:10 → 18:06:32	22 s Clinical basis	Lightheaded after standing; responsive; no ictal scalp EEG change.
E03 / A	03 Nov 2026 03:42:08 → 03:43:39	91 s EEG basis	Arousal from N2, followed by the same clinical sequence as E01.

Representative pattern A · E01 and E03

Left anterior temporal rhythmic theta at F7/T7, evolving in frequency and morphology with spread to P7/F3/C3. Clinical arrest and automatisms follow EEG onset. Post-event left temporal slowing is documented.

Source references: E01-ON/OFF · E03-ON/OFF

Marked event B · E02

The marked lightheadedness episode has no ictal scalp EEG change in this fictional example. That observation alone does not establish the event mechanism or exclude a clinical diagnosis.

Physician interpretation

Reserved for the designated physician’s independent review, clinical correlation, final interpretation, and sign-off.

Inspect the handoff online

electro-intelligence.com/sample-report/

The online walkthrough uses separately generated synthetic signal sketches. They are illustrations, not a reconstructed recording or evidence supporting this fictional case.