

measurements might be helpful. One such example would be a negative postevent prolactin elevation in an outpatient with apparent tonic-clonic seizures. In less clear circumstances, prolactin values would simply be a piece of the diagnostic puzzle. A diagnosis of epilepsy or seizures primarily depends on history and clinical impression. Every laboratory test, with the possible exception of video-EEG monitoring (and even that is not perfect), is adjunctive, with false-negatives and false-positives. This study provides cautionary information, but it does not rule out a useful contribution by serum prolactin measurements in a suitable clinical context.

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## AUTHOR CONTRIBUTIONS

Drafting/revising the manuscript.

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## DISCLOSURES

R. S. Fisher serves on scientific advisory boards for Epilepsy Foundation of Northern California, Zeto, Inc., Advanced Neurometrics, Inc., and Avails Medical, Inc.; is author on a patent re: Method for measuring drug levels in saliva; serves as a consultant for ICVRx and Zeto, Inc.; receives research support from Medtronic, National Science Foundation, and Epilepsy Foundation; and holds stock/stock options in ICVRx, Avails Medical, and SmartMonitor. Full disclosure form information provided by the author is available with the **full text of this article at [Neurology.org/cp](http://Neurology.org/cp)**.

### CORRECTION

#### How neurologists are paid: Part 3: Hospital support, Veterans Administration, and neurohospitalists

In the article “How neurologists are paid: Part 3: Hospital support, Veterans Administration, and neurohospitalists” by P.D. Donofrio et al. (*Neurol Clin Pract* 2015;5:412–418), there is an error in the section titled “Neurohospitalists.” Survey data published in *Neurol Clin Pract* 2012;2:319–327 were incorrectly cited as unpublished, and the percentage of neurologists who self-described themselves as neurohospitalists should have read 14.7%, rather than 16% as originally published. The authors regret these errors.

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