



PET RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:

P	R	E
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DATE: 05/12/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Would you be interested in participating in this part of the study, as I've described?

Y Yes **GO TO ITEM 1**

N No

0c1. If no, why not? _____ **GO TO CLOSING SCRIPT B**

1. Have you been treated with radiation, chemotherapy, or any surgery in the last 6 weeks?

Y Yes **GO TO ITEM 4**

N No

2. Have you had any severe medication allergies?

Y Yes **GO TO ITEM 4**

N No

3. Have you received any experimental drugs or injections through any research study in the past month?

Y Yes **GO TO ITEM 4**

N No

4. [For Staff:] Did participant meet all eligibility criteria?

Y Yes

N No **GO TO CLOSING SCRIPT A**

CLOSING SCRIPT A (If participant does NOT meet all eligibility criteria)

Unfortunately, we will not be able to enroll you in the PET scan part of this study.

(END OF FORM)

5. [For Staff:] Did participant agree to the study?

Y Yes **GO TO ITEM 6a**

N No **COMPLETE 5a, THEN GO TO CLOSING SCRIPT B**

5a. If no, why not? _____

CLOSING SCRIPT B (for participants who decide NOT to participate):

Thank you for your time. (END OF FORM)

6a. PET Appointment date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

6b. PET Appointment time:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Hour			Min	