



PYP PROCEDURE COMPLETION FORM

ID NUMBER:

FORM CODE:

| | | | |
|---|---|---|---|
| P | Y | P | C |
|---|---|---|---|

DATE: 05/20/2022
Version 2.0

Instructions: This form is completed for each participant that has a scheduled PYP scan appointment.

ADMINISTRATIVE INFORMATION:

0a. Completion 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 | | | | | |

0b. Staff ID:

1. Was the PYP scan performed?

- 1 Yes, Completed **GO TO QUESTION 2**
- 2 Attempted, but incomplete
- 3 Not attempted **GO TO QUESTION 1b**

1a. Reason attempted but incomplete: _____ **GO TO QUESTION 2**

1b. Reason not attempted:

- 1 No show **SAVE & CLOSE FORM**
- 2 Rescheduled **SAVE & CLOSE FORM**
- 3 Refused to sign informed consent form **SAVE & CLOSE FORM**
- 4 Other

1b1. If other, specify: _____ **SAVE & CLOSE FORM**

2. PYP Scan 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 | | | | | |

3. Nuclear Technologist ID:

4. Scanner Name: _____ (max size 80)

5. Pre-Injection Activity: _____ mCi (format xx.x)

5a. Time of Pre-Injection Activity

| | | | | |
|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | : | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|

 AM/PM

5b. What type of tracer was used for the scan?

- 1 99mTc-PYP
- 2 99mTc-HDP

6. Post-Injection Activity: _____ mCi (format x.x)

6a. Time of Post-Injection Activity : AM/PM

7. SPECT Scan

7a. SPECT scan start time: : AM/PM

7b. SPECT scan end time: : AM/PM

7c. SPECT scan comments: _____

8. Planar Scan

8a. Planar scan start time: : AM/PM

8b. Planar scan end time: : AM/PM

8c. Planar scan comments: _____