



PYP RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:

DATE: 03/27/2020
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**

EXCLUSION CRITERIA

1. Are you able to lie flat [**Jackson Only:** with your arms above your head] for the Tc-99m PYP scan?

Y Yes **GO TO ITEM 2**

N No **GO TO ITEM 4 AND SELECT NO**

2. Have you been told by a physician that you have hypertrophic cardiomyopathy?

Y Yes **GO TO ITEM 4 AND SELECT NO**

N No **GO TO ITEM 3**

3. Have you been hospitalized for a myocardial infarction within the past 6 months?

Y Yes **GO TO ITEM 4 AND SELECT NO**

N No **GO TO ITEM 4**

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 this study.

(END OF FORM)

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

Y Yes

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)

PET scan and PYP scan appointments must be at least one week apart.

6a. PYP Scan Appointment date: / /
Month Day Year

6b. PYP Scan Appointment time: :
Hour Min