



PET Scan Results Form

ID NUMBER:

FORM CODE:

DATE: 11/21/2024
Version 1.0

Instructions: This form is completed for each participant who is contacted for PET scan results or for participants who request PET scan results. Review QxQ for reporting criteria and further information.

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. Results Interest (before discussion with expert)

1. Date letter of results interest was sent to participant or date participant requested results:

/ /
Month Day Year

1a. Is participant interested in speaking with expert?

Yes No No response [IF NO OR NO RESPONSE END FORM]

2. Was date for discussion with expert scheduled? Yes No [IF NO END FORM]

2a. Date of scheduled discussion with expert:

/ /
Month Day Year

3. Notes (optional) _____

B. Results Discussion

4. Did expert discuss results with participant? Yes No [IF NO END FORM]

4a. Date of discussion with expert:

/ /
Month Day Year

C. Post Results Discussion

5. Was results letter sent to participant? Yes No [IF NO END FORM]

5a. Date letter of results was sent to participant:

/ /
Month Day Year