PET IMAGING VISIT FORM


VERSION 3.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ____________ Month Day Year

0b. Staff ID: ____________

A. VISIT INFORMATION

1. Date of v6 MMSE: ____________ Month Day Year

2. Was the MMSE repeated?  Y □ Yes  N □ No

3. Weight: ____________ lbs

4. Date and time of injection
   a. Date of injection: ____________ Month Day Year
   b. Time of injection: ____________ : ____________ (24 hour clock)

B. COMPLICATIONS AND ADVERSE EVENTS

5. Did the participant appear to remain stationary during the PET procedure?  Y □ Yes  N □ No

6. Were any complications observed during the PET procedure?  Y □ Yes  N □ No → Go to item 7
   a. If yes, describe complications here: ____________________________________________

7. Were any adverse events reported?  Y □ Yes  N □ No → Go to item 11
   If yes:
   7a. Were they mild, moderate or severe?
       Mild ............ □ M
       Moderate .... □ O
       Severe ........ □ S
Were adverse events reported to ....

8. Principal Investigator?
   Y ☐ Yes  ☐ No  → Go to item 9
   8a. Date reported: _____/_____/_____

9. Field Center IRB?
   Y ☐ Yes  ☐ No  → Go to item 10
   9a. Date reported: _____/_____/_____

10. Describe action taken here: ________________________________________________

C. FOLLOW UP TELEPHONE CALL (2 days after PET scan)

11. Was the participant successfully contacted by phone?
    Y ☐ Yes  ☐ No  → End of Form
    11a. Follow-up date: _____/_____/_____

11b. Follow-up time: _____:_____ (24 hour clock)

12. Were any adverse events reported?
    Y ☐ Yes  ☐ No  → End of form
    If yes:
    12a. Were they mild, moderate or severe?
        Mild ............ ☐ M
        Moderate .... ☐ O
        Severe ....... ☐ S

    Were adverse events reported to ....

13. Principal Investigator?
    Y ☐ Yes  ☐ No  → Go to item 14
    13a. Date reported: _____/_____/_____

IVF - PET Imaging Visit Form
14. Field Center IRB?
   Y ☐ Yes   N ☐ No → **Go to item 15**

14a. Date reported: [___] / [___] / [___]

   Month   Day   Year

15. Describe action taken here: ________________________________________________