



PET IMAGING VISIT FORM

ID NUMBER:

FORM CODE: I V F

DATE: 09/12/2016
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 N No → **Go to item 9**

8a. Date reported: //
Month Day Year

9. Field Center IRB?

Y Yes N No → **Go to item 10**

9a. Date reported: //
Month Day Year

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 N No → **End of Form**

11a. Follow-up date: //
Month Day Year

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

12. Were any adverse events reported?

Y Yes N 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 N No → **Go to item 14**

13a. Date reported: //
Month Day Year

14. Field Center IRB?

Y Yes N No → **Go to item 15**

14a. Date reported:

<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			

15. Describe action taken here: _____



INSTRUCTIONS FOR THE PET IMAGING VISIT FORM (IVF)

I. General Instructions

This form should be started on the date of the PET scan; the last part (section C) will need to be completed at the time of the follow-up phone call.

II. Detailed Instructions for Each Item

- 1 and 2. Not completed for the NCS III MRI and PET study.
3. If a scale is available, the participant can/ should be weighed and that number should be entered. If no scale is available, the participant should be asked his/ her weight in pounds and this should be entered.
4. The date and time of the injection will need to be listed precisely. The PET technician will need to tell the ARIC staff member the time of the injection. The time should be listed in military time (24 hour clock).
- 5, 6, 7, 8 and 9. The staff member should comment on any complaints or problems noted during the PET scan, and the actions taken if appropriate.
10. Any response to the adverse event should be listed in a text field.
11. If an adverse event occurs during the PET scan, staff may choose to conduct a follow-up phone call with the participant approximately 2 days later. The need for this follow-up call will be at the staff member's discretion.

If a call **is not** required, then 'No' is selected.

If a call **is** required, then 'Yes' is selected and the remainder of the form is completed.

- 12-15. Adverse events should be listed again, and any response to these events should be described.