



# 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: \_\_\_\_\_