

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS) — FTLD MODULE

Form E2F: Imaging Available

Center: _____ Subject ID: _____ Form Date: ____/____/____

NOTE: This form is to be completed by the clinician or imaging specialist involved in interpreting the scan. For additional clarification and examples, see FTLD Module Coding Guidebook for Follow-up Visit Packet, Form E2F. Check only one box per question.

Visit #: _____
 Examiner's initials: _____

<p>1. Is a structural MRI scan, obtained as part of the current evaluation or a previous evaluation and not yet recorded, available for data sharing? (REPORT MOST RECENT)</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes</p>
<p>IF YES, complete 1a – 1f; if no, go to Question 2.</p>	
<p>1a. Date of scan (MM / DD / YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i></p>	<p>____ / ____ / _____</p>
<p>1b. Is it in DICOM format or other electronic format?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY FORMAT): _____ <input type="checkbox"/> 9 Unknown</p>
<p>1c. Was ADNI protocol used?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <i>ADNI version:</i> _____ <input type="checkbox"/> 9 Unknown</p>
<p>1d. Scan manufacturer:</p>	<p><input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other: _____ <input type="checkbox"/> 9 Unknown</p>
<p>1d1. Scan model:</p>	<p>_____</p>

<p>1e. Field strength:</p>	<p><input type="checkbox"/> 1 1.5T <input type="checkbox"/> 2 3T <input type="checkbox"/> 3 7T <input type="checkbox"/> 4 Other: _____ <input type="checkbox"/> 9 Unknown</p>
<p>1f. Are results of quantitative image analysis available?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes</p>
<p>2. Is an FDG-PET scan, obtained as part of the current evaluation or a previous evaluation and not yet recorded, available for data sharing? (REPORT MOST RECENT)</p>	
<p>2. Is an FDG-PET scan, obtained as part of the current evaluation or a previous evaluation and not yet recorded, available for data sharing? (REPORT MOST RECENT)</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes</p>
<p>IF YES, complete 2a – 2e; if no, go to Question 3.</p>	
<p>2a. Date of scan (MM / DD / YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i></p>	<p>____/____/_____</p>
<p>2b. Is it in DICOM format or other electronic format?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (specify format): _____ <input type="checkbox"/> 9 Unknown</p>
<p>2c. Was ADNI protocol used?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <i>ADNI version:</i> _____ <input type="checkbox"/> 9 Unknown</p>
<p>2d. Scan manufacturer:</p>	<p><input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other: _____ <input type="checkbox"/> 9 Unknown</p>

2d1. Scan model:	_____
2e. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
3. Is an amyloid PET scan, obtained as part of the current evaluation or a previous evaluation and not yet recorded, available for data sharing? (REPORT MOST RECENT)	
	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
IF YES, complete 3a – 3f; if no, go to Question 4.	
3a. Date of scan (MM / DD / YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
3b. Is it in DICOM format or other electronic format?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY FORMAT): _____ <input type="checkbox"/> 9 Unknown
3c. Ligand used:	<input type="checkbox"/> 1 11C-PIB <input type="checkbox"/> 2 18F-AV45 <input type="checkbox"/> 3 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
3d. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <i>ADNI version:</i> _____ <input type="checkbox"/> 9 Unknown
3e. Scan manufacturer:	<input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other: _____ <input type="checkbox"/> 9 Unknown

3e1. Scan model:	_____
3f. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
4. Are other PET or SPECT scans, obtained as part of the current evaluation or a previous evaluation and not yet recorded, available for data sharing? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <i>(If yes, identify type(s) below)</i>
IF YES, complete 4a – 4d; if no, end form here.	
4a. Is a dopaminergic scan available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
4b. Is a serotonergic scan available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
4c. Is a cholinergic scan available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
4d. Is another kind of scan available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY): _____