

**INITIAL 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 Initial Visit Packet, Form E2F. Check only one box per question.**

Visit #: \_\_\_\_\_  
 Examiner's initials: \_\_\_\_\_

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| <p><b>1. Is a structural MRI scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)</b></p> | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes</p>  |
| <p><b>IF YES, complete 1a – 1f; if no, go to Question 2.</b></p>   |   |
| <p>1a. Date of scan (MM / DD / YYYY):<br/> <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<br/> <input type="checkbox"/> 1 Yes (specify format):<br/>       _____<br/> <input type="checkbox"/> 9 Unknown</p>   |
| <p>1c. Was ADNI protocol used?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes<br/>       ADNI version: _____<br/> <input type="checkbox"/> 9 Unknown</p>   |
| <p>1d. Scan manufacturer:</p>  | <p><input type="checkbox"/> 1 GE<br/> <input type="checkbox"/> 2 Siemens<br/> <input type="checkbox"/> 3 Philips<br/> <input type="checkbox"/> 4 Other: _____<br/> <input type="checkbox"/> 9 Unknown</p> |
| <p>1d1. Scan model:</p>  | <p>_____</p>  |

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| <p>1e. Field strength:</p>   | <p><input type="checkbox"/> 1 1.5T<br/> <input type="checkbox"/> 2 3T<br/> <input type="checkbox"/> 3 7T<br/> <input type="checkbox"/> 4 Other: _____<br/> <input type="checkbox"/> 9 Unknown</p> |
| <p>1f. Are results of quantitative image analysis available?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes</p>  |
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| <p><b>2. Is an FDG-PET scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)</b></p> | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes</p>  |
| <p><b>IF YES, complete 2a – 2e; if no, go to Question 3.</b></p>   |   |
| <p>2a. Date of scan (MM / DD / YYYY):<br/> <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<br/> <input type="checkbox"/> 1 Yes (specify format):<br/>         _____<br/> <input type="checkbox"/> 9 Unknown</p>   |
| <p>2c. Was ADNI protocol used?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes<br/> <i>ADNI version:</i> _____<br/> <input type="checkbox"/> 9 Unknown</p>  |

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| 2d. Scan manufacturer:  | <input type="checkbox"/> 1 GE<br><input type="checkbox"/> 2 Siemens<br><input type="checkbox"/> 3 Philips<br><input type="checkbox"/> 4 Other: _____<br><input type="checkbox"/> 9 Unknown |
| 2d1. Scan model:  | _____  |
| 2e. Are results of quantitative image analysis available?   | <input type="checkbox"/> 0 No<br><input type="checkbox"/> 1 Yes  |
| <b>3. Is an amyloid PET scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)</b> |  |
| 3. Is an amyloid PET scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)        | <input type="checkbox"/> 0 No<br><input type="checkbox"/> 1 Yes  |
| <b>IF YES, complete 3a – 3f; if no, go to Question 4.</b>   |  |
| 3a. Date of scan (MM / DD / YYYY):<br><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<br><input type="checkbox"/> 1 Yes (specify format):<br>_____<br><input type="checkbox"/> 9 Unknown   |
| 3c. Ligand used:  | <input type="checkbox"/> 1 11C-PIB<br><input type="checkbox"/> 2 18F-AV45<br><input type="checkbox"/> 3 Other (specify): _____<br><input type="checkbox"/> 9 Unknown                       |
| 3d. Was ADNI protocol used?   | <input type="checkbox"/> 0 No<br><input type="checkbox"/> 1 Yes<br><i>ADNI version:</i> _____<br><input type="checkbox"/> 9 Unknown  |

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| <p>3e. Scan manufacturer:</p>  | <p><input type="checkbox"/> 1 GE<br/> <input type="checkbox"/> 2 Siemens<br/> <input type="checkbox"/> 3 Philips<br/> <input type="checkbox"/> 4 Other: _____<br/> <input type="checkbox"/> 9 Unknown</p> |
| <p>3e1. Scan model:</p>  | <p>_____</p>  |
| <p>3f. Are results of quantitative image analysis available?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes</p>  |
|  |   |
| <p><b>4. Are other PET or SPECT scans, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)</b></p> | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes (<i>If yes, identify type(s) below</i>)</p>  |
| <p><b>IF YES, complete 4a – 4d; if no, end form here.</b></p>  |   |
| <p>4a. Is a dopaminergic scan available?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes<br/> <input type="checkbox"/> 9 Unknown</p>  |
| <p>4b. Is a serotonergic scan available?</p>   | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes<br/> <input type="checkbox"/> 9 Unknown</p>  |
| <p>4c. Is a cholinergic scan available?</p>  | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes<br/> <input type="checkbox"/> 9 Unknown</p>  |
| <p>4d. Is another kind of scan available?</p>  | <p><input type="checkbox"/> 0 No<br/> <input type="checkbox"/> 1 Yes (specify):<br/>         _____</p>  |