

**INITIAL VISIT PACKET** NACC UNIFORM DATA SET (UDS) **FTLD MODULE**

## Form E2F: Imaging Available

ADC name: \_\_\_\_\_ Subject ID: \_\_\_\_\_ Form date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

*INSTRUCTIONS: This form is to be completed by the clinician or imaging specialist involved in interpreting the scan. For additional clarification and examples, see FTL D Module Coding Guidebook for Initial Visit Packet, Form E2F. Check only one box per question.*

<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  <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):  <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>

1e. Field strength:	<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
1f. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
<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>	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
<b>IF YES, complete 2a – 2e; if no, go to Question 3.</b>	
2a. Date of scan (MM / DD / YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
2b. 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
2c. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <i>ADNI version:</i> _____ <input type="checkbox"/> 9 Unknown
2d. 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
2d1. Scan model:	_____
2e. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

<p><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></p>	<p><input type="checkbox"/> 0 No  <input type="checkbox"/> 1 Yes</p>
<p><b>IF YES, complete 3a – 3f; if no, go to Question 4.</b></p>	
<p>3a. Date of scan (MM / DD / YYYY):  <i>NOTE: A value of 99 (unknown) is permissible for day only.</i></p>	<p>____ / ____ / _____</p>
<p>3b. 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>3c. Ligand used:</p>	<p><input type="checkbox"/> 1 11C-PIB  <input type="checkbox"/> 2 18F-AV45  <input type="checkbox"/> 3 Other (specify): _____  <input type="checkbox"/> 9 Unknown</p>
<p>3d. 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>3e. 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>3e1. Scan model:</p>	<p>_____</p>
<p>3f. Are results of quantitative image analysis available?</p>	<p><input type="checkbox"/> 0 No  <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 <input type="checkbox"/> 1 Yes</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 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>4b. Is a serotonergic scan available?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>4c. Is a cholinergic scan available?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>4d. Is another kind of scan available?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY): _____</p>