

**FOLLOW-UP VISIT PACKET** NACC UNIFORM DATA SET (UDS) **LBD MODULE**

# Form E1L: Genetics

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

*INSTRUCTIONS: This form is to be completed by a clinician with experience in evaluating family history. For additional clarification and examples, see LBD Module Coding Guidebook for Follow-up Visit Packet, Form E1L.*

1. Since the last visit, is new information available concerning the genetic mutations listed below?

0 No (END FORM HERE)

1 Yes (CONTINUE)

**Does the participant have any of the following mutations (select only one answer per question):**

Mutation	No	Yes	Unknown
2. LRRK2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
3. PARK2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
4. PARK7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
5. PINK1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
6. SNCA	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
7. GBA	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
8. Other (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

If yes, information source (see KEY)				
2a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
3a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
4a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
5a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
6a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
7a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9
8a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 9

**KEY:** 1 = Commercial laboratory test documentation  
 2 = Research laboratory test documentation  
 3 = Family report (select only if no laboratory test was done)  
 9 = Unknown