

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

Form E3L: Other Labs and Findings

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____

Visit #: ____ Examiner's initials: ____

INSTRUCTIONS: This form is to be completed by the clinician or other laboratory specialist involved in interpreting the laboratory results. For additional clarification and examples, see LBD Module Coding Guidebook for Follow-up Visit Packet, Form E3L. Check only one box per question.

Polysomnography	
1. Has the participant had at least one polysomnography that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 2) <input type="checkbox"/> 1 Yes (CONTINUE)
1a. Date of most recent polysomnography (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
1b. Was there polysomnographic confirmation of REM sleep without atonia, +/- dream enactment behavior, consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
1c. Is a polysomnography available for data sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes
Cardiac-MIBG scintigraphy	
2. Has the participant had at least one cardiac-MIBG scintigraphy that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 3) <input type="checkbox"/> 1 Yes (CONTINUE)
2a. Date of most recent cardiac-MIBG scintigraphy (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
2b. Were there abnormal (low uptake) MIBG myocardial scintigraphy results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
2c. Is a cardiac-MIBG available for data sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes, raw data available <input type="checkbox"/> 2 Yes, processed data available <input type="checkbox"/> 3 Yes, both raw and processed data available

Anosmia test (e.g., UPSIT)	
3. Has the participant had at least one anosmia test that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 4) <input type="checkbox"/> 1 Yes (CONTINUE)
3a. Date of most recent anosmia test (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
3b. Were the anosmia test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
3c. Are anosmia test data available for sharing?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 4) <input type="checkbox"/> 1 Yes
3d. Which test was done (that is available for sharing)?	<input type="checkbox"/> 1 University of Pennsylvania Smell Identification Test (UPSIT) <input type="checkbox"/> 2 Brief-smell identification test (B-SIT) <input type="checkbox"/> 3 Sniffin Sticks <input type="checkbox"/> 4 Other (SPECIFY): _____
Electroencephalogram (EEG)	
4. Has the participant had at least one electroencephalogram that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 5) <input type="checkbox"/> 1 Yes (CONTINUE)
4a. Date of most recent electroencephalogram (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
4b. Was there prominent posterior slow wave activity on EEG with periodic fluctuations in the prealpha/theta range, consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
4c. Is an electroencephalogram available for data sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes, raw data available <input type="checkbox"/> 2 Yes, processed data available <input type="checkbox"/> 3 Yes, both raw and processed data available
Multiple sleep latency test (MSLT)	
5. Has the participant had at least one MSLT that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 6) <input type="checkbox"/> 1 Yes (CONTINUE)
5a. Date of most recent MSLT (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____

5b. Were the MSLT results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
5c. Are MSLT data available for sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes
Tilt table test	
6. Has the participant had at least one tilt table test that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 7) <input type="checkbox"/> 1 Yes (CONTINUE)
6a. Date of most recent tilt table test (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
6b. Were the tilt table test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
6c. Are tilt table test data available for sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes
Quantitative sudomotor axon reflex test (QSART)	
7. Has the participant had at least one QSART that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 8) <input type="checkbox"/> 1 Yes (CONTINUE)
7a. Date of most recent QSART (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
7b. Were the QSART results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
7c. Are QSART data available for sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes
Thermoregulatory sweat test	
8. Has the participant had at least one thermoregulatory sweat test that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 9) <input type="checkbox"/> 1 Yes (CONTINUE)
8a. Date of most recent thermoregulatory sweat test (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____

8b. Were the thermoregulatory sweat test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
8c. Are thermoregulatory sweat test data available for sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes
Computerized gait testing	
9. Has the participant had at least one computerized gait testing that has not yet been recorded, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown (END FORM HERE) <input type="checkbox"/> 1 Yes (CONTINUE)
9a. Date of most recent computerized gait testing (MM/DD/YYYY): <i>NOTE: A value of 99=Unknown is permissible for day only.</i>	____ / ____ / _____
9b. Were the computerized gait testing results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
9c. Are computerized gait testing data available for sharing?	<input type="checkbox"/> 0 No or unknown <input type="checkbox"/> 1 Yes, raw data available <input type="checkbox"/> 2 Yes, processed data available <input type="checkbox"/> 3 Yes, both raw and processed data available