

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

## Form E2L: Neuroimaging Available and Findings

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 LBD Module Coding Guidebook for Initial Visit Packet, Form E2L. Check only one box per question.*

<b>STRUCTURAL MRI</b>	
<b>1. Has the participant had at least one structural MRI scan, obtained as part of the current evaluation or a previous evaluation?</b>	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 2) <input type="checkbox"/> 1 Yes (CONTINUE)
1a. Date of most recent scan (MM/DD/YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
1b. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No (SKIP TO QUESTION 1d) <input type="checkbox"/> 1 Yes (CONTINUE) <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 1d)
1c. Was there an MRI finding of hippocampal atrophy, 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
1d. Is an MRI available for data sharing?	<input type="checkbox"/> 0 No or unknown (SKIP TO QUESTION 2) <input type="checkbox"/> 1 Yes (COMPLETE QUESTIONS 1e – 1h)
<b>Questions 1e – 1h refer to MOST RECENT SCAN AVAILABLE:</b>	
1e. 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
1f. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes; ADNI version: _____ <input type="checkbox"/> 9 Unknown
1g. Scan manufacturer:	<input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown

1h. Field strength:	<input type="checkbox"/> 1 1.5T <input type="checkbox"/> 2 3T <input type="checkbox"/> 3 7T <input type="checkbox"/> 4 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
<b>FDG-PET</b>	
<b>2. Has the participant had at least one FDG-PET scan, obtained as part of the current evaluation or a previous evaluation?</b>	<input type="checkbox"/> 0 <b>No or unknown (SKIP TO QUESTION 3)</b> <input type="checkbox"/> 1 <b>Yes (CONTINUE)</b>
2a. Date of most recent scan (MM/DD/YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
2b. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <b>(SKIP TO QUESTION 2f)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b> <input type="checkbox"/> 9 Unknown <b>(SKIP TO QUESTION 2f)</b>
<b>Questions 2c – 2e refer to MOST RECENT SCAN:</b>	
2c. Was there an FDG-PET finding of occipital hypometabolism consistent with LBD, according to your Center's standards for positivity?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
2d. Was there an FDG-PET finding of temporoparietal hypometabolism suggestive of AD, according to your Center's standards for positivity?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
2e. Was there an FDG-PET finding of cingulate island sign consistent with LBD, according to your Center's standards for positivity?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Results not available <input type="checkbox"/> 9 Unknown
2f. Is an FDG-PET available for data sharing?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 3)</b> <input type="checkbox"/> 1 Yes <b>(COMPLETE 2g – 2i)</b>
<b>Questions 2g – 2i refer to MOST RECENT SCAN AVAILABLE:</b>	
2g. 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
2h. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes; ADNI version: _____ <input type="checkbox"/> 9 Unknown
2i. Scan manufacturer:	<input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown

AMYLOID PET	
<b>3. Has the participant had at least one amyloid PET scan, obtained as part of the current evaluation or a previous evaluation?</b>	<input type="checkbox"/> 0 <b>No or unknown (SKIP TO QUESTION 4)</b> <input type="checkbox"/> 1 <b>Yes (CONTINUE)</b>
3a. Date of most recent scan (MM/DD/YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
3b. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
3c. Is an amyloid PET available for data sharing?	<input type="checkbox"/> 0 No <b>(SKIP TO QUESTION 4)</b> <input type="checkbox"/> 1 Yes <b>(COMPLETE QUESTIONS 3d – 3g)</b> <input type="checkbox"/> 9 Unknown <b>(SKIP TO QUESTION 4)</b>
<b>Questions 3d – 3g refer to MOST RECENT SCAN AVAILABLE:</b>	
3d. 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
3e. Ligand used:	<input type="checkbox"/> 1 11C-PIB <input type="checkbox"/> 2 18F-AV45 <input type="checkbox"/> 3 Flutemetamol <input type="checkbox"/> 4 Other (specify): _____ <input type="checkbox"/> 9 Unknown
3f. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes; ADNI version: _____ <input type="checkbox"/> 9 Unknown
3g. Scan manufacturer:	<input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
TAU PET	
<b>4. Has the participant had at least one Tau PET scan, obtained as part of the current evaluation or a previous evaluation?</b>	<input type="checkbox"/> 0 <b>No or unknown (SKIP TO QUESTION 5)</b> <input type="checkbox"/> 1 <b>Yes (CONTINUE)</b>
4a. Date of scan (MM/DD/YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
4b. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
4c. Is a Tau PET available for data sharing?	<input type="checkbox"/> 0 No <b>(SKIP TO QUESTION 5)</b> <input type="checkbox"/> 1 Yes <b>(COMPLETE QUESTIONS 4d – 4g)</b> <input type="checkbox"/> 9 Unknown <b>(SKIP TO QUESTION 5)</b>

4d. 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
4e. Ligand used:	<input type="checkbox"/> 1 18F-AV1451 (T807) <input type="checkbox"/> 2 18F-THK5351 <input type="checkbox"/> 3 Other, specify: _____
4f. Was ADNI protocol used?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes; ADNI version: _____ <input type="checkbox"/> 9 Unknown
4g. Scan manufacturer:	<input type="checkbox"/> 1 GE <input type="checkbox"/> 2 Siemens <input type="checkbox"/> 3 Philips <input type="checkbox"/> 4 Other (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
<b>DaTScan</b>	
<b>5. Has the participant had at least one DaTScan scan, obtained as part of the current evaluation or a previous evaluation?</b>	<input type="checkbox"/> 0 <b>No or unknown (END FORM HERE)</b> <input type="checkbox"/> 1 <b>Yes (CONTINUE)</b>
5a. Date of scan (MM/DD/YYYY): <i>NOTE: A value of 99 (unknown) is permissible for day only.</i>	____ / ____ / _____
5b. Are results of quantitative image analysis available?	<input type="checkbox"/> 0 No <b>(END FORM HERE)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b> <input type="checkbox"/> 9 Unknown <b>(END FORM HERE)</b>
5c. Were there abnormal DaTScan findings 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