

**INITIAL 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 Initial Visit Packet, Form E3L. Check only one box per question.*

Polysomnography	
1. Has the participant had at least one polysomnography, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown ( <b>SKIP TO QUESTION 2</b> ) <input type="checkbox"/> 1 Yes ( <b>CONTINUE</b> )
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? ( <b>REPORT MOST RECENT</b> )	<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, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown ( <b>SKIP TO QUESTION 3</b> ) <input type="checkbox"/> 1 Yes ( <b>CONTINUE</b> )
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? ( <b>REPORT MOST RECENT</b> )	<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, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown ( <b>SKIP TO QUESTION 4</b> ) <input type="checkbox"/> 1 Yes ( <b>CONTINUE</b> )

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? <b>(REPORT MOST RECENT)</b>	<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 <b>(SKIP TO QUESTION 4)</b> <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): _____
<b>Electroencephalogram (EEG)</b>	
4. Has the participant had at least one electroencephalogram, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 5)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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
<b>Multiple sleep latency test (MSLT)</b>	
5. Has the participant had at least one MSLT, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 6)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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
<b>Tilt table test</b>	
6. Has the participant had at least one tilt table test, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 7)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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
<b>Quantitative sudomotor axon reflex test (QSART)</b>	
7. Has the participant had at least one QSART, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 8)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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
<b>Thermoregulatory sweat test</b>	
8. Has the participant had at least one thermoregulatory sweat test, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(SKIP TO QUESTION 9)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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

<b>Computerized gait testing</b>	
9. Has the participant had at least one computerized gait testing, obtained as part of the current evaluation or a previous evaluation?	<input type="checkbox"/> 0 No or unknown <b>(END FORM HERE)</b> <input type="checkbox"/> 1 Yes <b>(CONTINUE)</b>
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? <b>(REPORT MOST RECENT)</b>	<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