

NACC Uniform Data Set (UDS) Follow-up Form E1: Imaging/Labs

Center: _____ ADC Subject ID: _____ Form Date: ____/____/____

NOTE: This form is to be completed by ADC or clinic staff. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form E1. Check only one box per response category.

ADC Visit #: _____

Examiner's initials: _____

To print a copy of data collected for this form at previous UDS visit, go to
<https://www.alz.washington.edu/MEMBER/siteprint.html>.

Since the last visit, has neuroimaging been completed and available at your ADC?	Film		Digital image	
	Yes	No	Yes	No
1. Computed tomography	1a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	1b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Magnetic resonance imaging – Clinical study	2a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	2b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Magnetic resonance imaging – Research study/structural	3a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	3b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Magnetic resonance imaging – Research study/functional	4a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	4b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Magnetic resonance spectroscopy	5a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	5b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
6. SPECT	6a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	6b. <input type="checkbox"/> 1	<input type="checkbox"/> 0
7. PET	7a. <input type="checkbox"/> 1	<input type="checkbox"/> 0	7b. <input type="checkbox"/> 1	<input type="checkbox"/> 0

Are specimens of the following available at your ADC?	Yes	No
8. DNA	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Cerebrospinal fluid – ante-mortem	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. Serum/plasma	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Is genotype data available at your ADC?	Yes	No
11. APOE	<input type="checkbox"/> 1	<input type="checkbox"/> 0