

NACC Uniform Data Set (UDS) – Initial Visit Packet
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 Initial Visit Packet, Form E1. Check only one box per response category.

ADC Visit #: _____

Examiner's initials: _____

Neuroimaging 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

Specimens 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

Genotyping results:

	Yes	No
11. APOE genotype collected	<input type="checkbox"/> 1	<input type="checkbox"/> 0