

PPMI

1 3 2

AV-133 IMAGING

6 3

SUBJECT ID [][][][]

VISIT NO [][][]

INITIALS [][][]

SITE NO [][][]

VISIT DATE [][] MM

[][] DD

[][][][] YYYY

VITAL SIGNS MEASURED APROXIMATELY 5 MINUTES PRIOR TO INJECTION

A. Was a study physician present to evaluate the subject prior to injection? (0 = No, 1 = Yes) If Yes, physician to sign and date below: A. []

X _____

1. Time vital signs measured prior to injection: (24-hour clock) 1. [][] : [][]

2. Supine blood pressure: systolic/diastolic (mmHg) (to be taken after subject has been supine for 1-3 minutes) 2. [][][] / [][][]

3. Supine heart rate (beats per minute) (to be taken after subject has been supine for 1-3 minutes) 3. [][][]

4. If female of childbearing potential, was serum pregnancy test performed (screening Only)? (0 = No, 1 = Yes) 4. []

4a. Indicate the result of the serum pregnancy test: (0 = Negative, 1 = Positive) 4a. []

4b. Was the result of the serum pregnancy test confirmed prior to the first 18F-AV-133 injection? (0 = No, 1 = Yes) 4b. []

5. If female of childbearing potential, was urine pregnancy test performed? (0 = No, 1 = Yes) 5. []

5a. Indicate the result of the urine pregnancy test: (0 = Negative, 1 = Positive) 5a. []

5b. Was the result of the urine pregnancy test confirmed prior to 18F-AV-133 injection? (0 = No, 1 = Yes) 5b. []

Note: Women of childbearing potential must have a negative urine and serum pregnancy test result prior to the screening imaging scan and must have a negative urine pregnancy test result prior to injection of a follow up imaging scan.

6. Time of 18F-AV-133 injection: (24-hour clock) 6. [][] : [][]

PPMI

1 3 2

AV-133 IMAGING

6 3

SUBJECT ID [][][][]

VISIT NO [][][]

VITAL SIGNS MEASURED APPROXIMATELY 15 MINUTES POST-INJECTION

7. Time vital signs measured after 18F-AV-133 injection: (24-hour clock) 7. [][] : [][]

8. Supine blood pressure: systolic/diastolic (mmHg) (to be taken after subject has been supine for 1-3 minutes) 8. [][][] / [][][]

9. Supine heart rate (beats per minute) (to be taken after subject has been supine for 1-3 minutes) 9. [][][]

10. AV-133 PET imaging scan: (0 = Not Completed, 1 = Completed) 10. []

10a. Date AV-133 PET imaging scan was completed: 10a. [][] MM [][] DD [][][][] YYYY

10b. Was a study physician (or designee) present to evaluate the subject prior to discharge? (0 = No, 1 = Yes) 11. []
If Yes, physician (or designee) to sign and date below:

X _____

11. AV-133 imaging data transferred to the core imaging lab at Institute for Neurodegenerative Disorders: (0 = No, 1 = Yes) 11. []

12. VMAT-2 PET Visual Interpretation Report indicates the scan is (Screening only): 12. []
1 = Consistent with vesicular monoamine transporter (VMAT-2) deficit
2 = Not consistent with vesicular monoamine transporter (VMAT-2) deficit

Comments:

