

PPMI
iPSC ELIGIBILITY

1 3 2

2 0 1

SUBJECT ID VISIT NO

INITIALS SITE NO VISIT DATE

MM DD YYYY

1. Check box if subject signed consent to participate in the iPSC companion protocol.
2. Date informed consent for participation in iPSC companion protocol was signed: 2.
- MM DD YYYY

SUBJECT INCLUSION CRITERIA (0 = No, 1 = Yes)

3. Currently enrolled in the PPMI study. 3.
4. Is able and willing to provide written informed consent in accordance with Good Clinical Practice (GCP), International Conference on Harmonization (ICH), and local regulations. 4.
5. Is able and willing to comply with study procedures. 5.

To be **ELIGIBLE** for study participation **ALL** items 3-5 must be **1 = Yes**.

SUBJECT EXCLUSION CRITERIA (0 = No, 1 = Yes)

1. Has a history of bone marrow transplant. 1.
2. Undergoes regular blood transfusions. 2.
3. In the Investigator's judgement, any other reason that the individual should not participate. 3.

To be **ELIGIBLE** for study participation **ALL** items 1-3 must be **0 = No**.