

PPMI

LUMBAR PUNCTURE

1 3 2

6 4

SUBJECT ID [ ][ ][ ][ ]

VISIT NO [ ][ ][ ]

INITIALS [ ][ ][ ]

SITE NO [ ][ ][ ]

VISIT DATE [ ][ ]  
MM

[ ][ ]  
DD

[ ][ ][ ][ ]  
YYYY

A. Date of last intake of food:

A. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

B. Time of last intake of food: (24-hour clock)

B. [ ][ ] : [ ][ ]

Ba. Fasting status:

(1 = Fasted (minimum of 8 hours), 2 = Low Fat Diet, 3 = Not Fasted, No Low Fat Diet)

Ba. [ ]

C. Is subject on medication for PD? (0 = No, 1 = Yes)

C. [ ]

Ca. Date of most recent PD medication dosing:

Ca. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

Cb. Time of most recent PD medication dosing (24-hour clock)

Cb. [ ][ ] : [ ][ ]

1. Lumbar puncture for collection of CSF:

(0 = Not Done, 1 = Collected, 2 = Partial Collection, 3 = Attempted, no collection)  
If response is 0, 2 or 3, specify in comments.

1. [ ]

1a. If lumbar puncture not done, please indicate reason why not completed:

- 1 = Subject refused/ subject not feeling well enough to attempt
- 2 = site issues (e.g., scheduling difficulties on site end)
- 3 = History of difficulty obtaining LP/subject not able to tolerate procedure in the past; adverse events associated with prior lumbar punctures
- 4 = Due to spinal issues (e.g., recent back surgery, spinal stenosis, etc.)
- 5 = Medical contraindications to lumbar puncture (e.g., lab results, altered mentation, focal neurologic signs, papilledema, seizures, tumor)
- 6 = Subject on medication (e.g., anticoagulants) that precludes subject from completing lumbar puncture
- 7 = Hyposmic subject who received permission to forego lumbar puncture
- 8 = Other, specify in comments

1a. [ ]

2. Date CSF collected:

2. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

3. Indicate needle used to collect CSF:

- 1 = 20g Quincke (sharp bevelled) needle
- 2 = 22g Quincke (sharp bevelled) needle
- 3 = 25g Quincke (sharp bevelled) needle
- 4 = 22g Sprotte (atraumatic) needle
- 5 = 24g Sprotte (atraumatic) needle (preferred)
- 6 = 18g
- 7 = Other, specify in comments

3. [ ]

PPMI

LUMBAR PUNCTURE

1 3 2

6 4

SUBJECT ID [ ][ ][ ][ ]

VISIT NO [ ][ ][ ]

- 4. Indicate method of collecting the CSF: 4. [ ]  
 1 = Gravity  
 2 = Syringe suction
- 5. Lumbar puncture performed at the: 5. [ ]  
 0 = L2-L3 Interspace  
 1 = L3-L4 Interspace  
 2 = L4-L5 Interspace  
 3 = Unknown
- 6. Subject position when lumbar puncture performed: 6. [ ]  
 1 = Sitting, leaned over (preferred)  
 2 = Lying, curled up on side  
 3 = Unknown  
 4 = Other, specify in comments
- 7. Time CSF collection completed: (24-hour clock) 7. [ ][ ] : [ ][ ]
- 8. Volume of CSF collected prior spinning: (milliliters) 8. [ ][ ]
- 9. Time CSF was centrifuged: (24-hour clock) 9. [ ][ ] : [ ][ ]  
 (Within 15 minutes from sample collection)
- 10. Rate of centrifugation for the CSF sample: (xg) 10. [ ][ ][ ][ ]
- 11. Temperature at which CSF tube was spun: (Celsius) 11. [ ][ ]
- 12. Time CSF sample aliquotted: (24-hour clock) 12. [ ][ ] : [ ][ ]
- 13. Total volume of CSF aliquotted after spinning: (milliliters) 13. [ ][ ]
- 14. Total number of aliquot tubes: 14. [ ][ ]
- 15. Was part of sample discarded due to a bloody tap? (0 = No, 1 = Yes) 15. [ ]
- 16. Time samples were either placed in freezer or placed on dry ice: 16. [ ][ ] : [ ][ ]  
 (24-hour clock)
- 16a. Storage temperature if placed in freezer: (Celsius) 16a. - [ ][ ]
- 17. Was part of the sample sent to local lab for analyses? (0 = No, 1 = Yes) 17. [ ]  
 If No, specify in Comments.

PPMI

LUMBAR PUNCTURE

1 3 2

6 4

SUBJECT ID [ ][ ][ ][ ]

VISIT NO [ ][ ][ ]

18. What is the white blood cell count?  
18b. Indicate units:

18. [ ][ ][ ][ ]

Per cubic millimeter  Per microliter  Per liter  Other \_\_\_\_\_

19. What is the red blood cell count?  
19b. Indicate units:

19. [ ][ ][ ][ ]

Per cubic millimeter  Per microliter  Per liter  Other \_\_\_\_\_

20. What is the total protein?

20. [ ][ ][ ] . [ ][ ]

20a. Indicate units:  mg/dL  g/dL  g/L

21. What is the total glucose?

21. [ ][ ][ ] . [ ][ ]

21a. Indicate units:  mg/dL  mmol/L

22. Was a fluoroscopy performed? (0 = No, 1 = Yes)

22. [ ]

22a. Date of fluoroscopy:

22a. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

23. Was a lumbar spine film performed? (0 = No, 1 = Yes)

23. [ ]

23a. Date of spine film:

23a. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_