PPMI

1 3 2 **PREGNANCY FORM** 2 8

SUBJECT ID | | | | | VISIT NO | | | |

INITIALS | | | | SITE NO | | | | VISIT DATE | | | MM | | DD | | | | | YYYY

1. If female, was pregancy test performed? 1. | |
(0 = No, 1 = Yes)
If No, specify in comments.

1a. If the response to question 1 is Yes, is the subject pregnant? 1a. | |
(0 = No, 1 = Yes)

1b. Was the urine pregnancy test result confirmed prior to injection for SPECT scan? 1b. | |
(0 = No, 1 = Yes, 2 = Not Applicable) If No, specify in comments.

NOTE: If pregnant, consult protocol.

2. Comments:

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