

**PPMI
SKIN BIOPSY**

1 3 2

1 4 1

SUBJECT ID VISIT NO
INITIALS SITE NO VISIT DATE
MM DD YYYY

1. Was biopsy completed? (0 = No, 1 = Yes) (If No, comment below) 1.
2. Was anesthesia administered? (0 = No, 1 = Yes) 2.
3. Location of biopsy:
1 = upper arm
2 = lower arm
3 = upper leg
4 = lower leg
5 = other (specify) _____ 3.
- 3a. On which side of the body was the biopsy performed?
1 = right
2 = left 3a.
4. Were there any complications during the biopsy? (0 = No, 1 = Yes)
(If Yes, comment below) (If complication was an adverse event, please remember to document event on the Adverse Event log.) 4.
5. What type of wound closure was used?
1 = dressing only
2 = steri strips
3 = suture
4 = other (specify) _____ 5.
6. Time that biopsy was collected: 6. :
(24hr clock)
7. Time biopsy specimen was refrigerated: 7. :
(24hr clock)
8. Date sample shipped to NYSCF: 8.
MM DD YYYY

Comments: _____

