Pregnancy Te	st		
Form Instructions			
If participant is pregnant	, consult protocol.		
Assessment Date			
12/16/2020			
A. Is participant a female	of childbearing po	tential?	÷
O No		O Yes	
1. If female of childbearin	ıg potential, was pr	regnancy test performed?	:
🔘 No		O Yes	
1a. If pregnancy test perfo	ormed, is the partic	cipant pregnant?	:
◯ No		◯ Yes	
1b. Was the pregnancy te	st result confirmed	d prior to DaTscan injection for SPECT scan?	:
O No		◯ Yes	
Not Applicable			

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**Clinical Labs** 

DaTscan Imaging

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