

# Lumbar Puncture

Mark as Complete



8 of 32 completed

## Form Instructions

Indicate date of CSF collection as the Assessment Date.

Assessment Date

10/26/2020



1. Was the lumbar puncture for collection of CSF completed?



Not Done

Collected

Partial Collection

Attempted, no collection

2. Date of last intake of food:



mm/dd/yyyy



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



00:00



4. Fasting status:



Fasted (minimum of 8 hours)

Low-Fat Diet

Not Fasted, No Low Fat Diet

5. Is the participant on medication for treating the symptoms of Parkinson's disease?



No

Yes

5a. Date of most recent PD medication dosing:



mm/dd/yyyy



5b. Time of most recent/in clinic PD medication dosing: (24-hour clock)



00:00



6. Indicate needle used to collect CSF:



Select



7. Indicate method used to collect CSF:



Gravity

Syringe suction

8. Indicate location where LP performed:



Select



9. Position of participant when lumbar puncture performed:



Other



If other, specify:



Input text

10. Time CSF collection completed: (24-hour clock)



00:00



11. Volume of CSF collected prior spinning: (milliliters)



Input a number

12. Time CSF was centrifuged: (24-hour clock) (Within 15 minutes from sample collection)



00:00



13. Rate of centrifugation for the CSF sample: (xg)



Input a number

13a. Duration of centrifugation: (minutes)



Input a number

14. Temperature at which CSF tube was spun: (Celsius)



Input a number

15. Time CSF sample aliquotted: (24-hour clock)



00:00



16. Total volume of CSF aliquotted after spinning: (milliliters)



Input a number

17. Total number of aliquot tubes:



Input a number

18. Was part of sample discarded due to a bloody tap?



No

Yes

19. Indicate how samples were stored:



Freezer

Placed on dry ice

19a. Storage temperature if placed in freezer: (Celsius)



Input a number

20. Time samples were either placed in freezer or placed on dry ice: (24-hour clock)



00:00



21. Was part of the sample sent to local lab for analyses?



No

Yes

Site exemption

If no, specify:



Input text

22. Was a fluoroscopy performed?



No

Yes

22a. Date of fluoroscopy:



mm/dd/yyyy



23. Was a lumbar spine film performed?



No

Yes

23a. Date of spine film:



mm/dd/yyyy



24. Indicate reason for use of additional guidance:



Other



Research Biospecimens

Skin Biopsy

