

NEW **iDEAS**

**Imaging Dementia—Evidence
For Amyloid Scanning**

**PET Imaging Facility
Case Report Form Packet
Version 1 – Dec. 2020**

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Amyloid PET Completion Form

Instructions: This form is completed by the PET Facility via Web-based data entry within 7 days of the day the scan was performed.

1. Date scan completed [MM/DD/YYYY]: _____
(must be within 60 days of Pre-PET Clinical Assessment form submission)

2. Scan Type:

- PET
- PET-CT
- PET-MRI

3. Radiopharmaceutical:

- F-18 florbetaben (Neuraceq™)
- F-18 florbetapir (Amyvid™)
- F-18 flutemetamol (Vizamyl™)

4. Net Administered Dose at Injection Time: _____ (mCi)

Reason dosage falls outside of protocol limits: *[free text]*

5. Time of Radiopharmaceutical Injection [XX:XX]: _____ (AM/PM)
(Time recorded should match that entered into DICOM header)

6. Scan Start Time [XX:XX]: _____ (AM/PM)
(Time recorded should match that shown in DICOM header. If more than one acquisition was performed because of patient motion, the time recorded should be for the series uploaded to image archive.)

7. Scan Duration: _____ (Minutes)

Name of Person responsible for the data on this form: _____

Form submission date: _____

Amyloid PET Report Form

Instructions: This form is used to transmit the Amyloid PET Report. It is completed by the PET facility via Web-based data entry within 7 days after completing the Amyloid PET scan.

1. Date Pet Report Completed [MM/DD/YYYY]: _____

2. Interpreting Physician Information: [*Drop down menu of approved physicians*]

3. PET Report:

Enter the COMPLETE PET REPORT as free text. Copy & paste from Microsoft Word document or other text document

4. Please certify that the text pasted above contains all text from the ENTIRE PET report for this scan.

- I certify that the text pasted above contains the entire PET report for this patient's amyloid PET scan.

Name of Person responsible for the data on this form: _____

Form submission date: _____

Amyloid PET Assessment Form

Instructions: The radiologist/nuclear medicine physician who interprets the amyloid PET is required to complete the online Amyloid PET Assessment Form within 7 days of the scan.

1. Radiopharmaceutical:

- F-18 florbetaben (Neuraceq™)
- F-18 florbetapir (Amyvid™)
- F-18 flutemetamol (Vizamyl™)

2. Scan Type:

- PET only
- PET/CT
- PET/MRI

3. Was image quantification used to assist in interpretation?

- No
- Yes

4. Was comparison with prior brain imaging studies used to assist in interpretation?

- No
- Yes

If yes, select one or more of the following and provide date for each selected:

- CT
Date of CT: ____/____/____
- MRI
Date of MRI: ____/____/____
- FDG-PET
Date of FDG-PET: ____/____/____
- Other, specify: _____
Date of Other: ____/____/____

5. Scan Quality Assessment:

- Adequate (complete item 6)
- Suboptimal, but interpretable (complete item 6)
- Uninterpretable/ technically inadequate (provide reason(s))

If uninterpretable/technically inadequate study, specify reason(s):

- Patient motion
- Image too noisy
- Image artifact
- Other, specify: _____

6. Global Scan Result:

- Positive for cortical beta-amyloid
- Negative for cortical beta-amyloid

If positive or negative, provide confidence level of interpretation:

- Low
- Intermediate
- High

Name of Person responsible for the data on this form: _____

Form submission date: _____