

PET Imaging Facility Selection Feasibility Questionnaire

Thank you for your interest in the New Imaging Dementia - Evidence for Amyloid Scanning (New IDEAS) study. We are looking forward to learning more about the operations of your imaging facility. After reviewing the New IDEAS protocol, please complete the below questionnaire via the link found on the study website. This document serves as resource for facilities to review the questions being asked prior to filling out the survey online. After submission of the questionnaire, the study team will review all responses and provide you with a decision on your participation in the study.

*Sincerely,
The New IDEAS Study Team*

SURVEY MONKEY PAGE 1: PET Facility Profile

Please provide the following details about your site:

Name of PET Facility	
Type of Facility	<input type="radio"/> Hospital-based facility accredited by a Medicare-approved hospital-accrediting body (i.e. Joint Commission, DNV) <input type="radio"/> Not hospital-based (physician office or Independent Diagnostic Testing Facility)
Is your facility accredited for brain PET?	<input type="radio"/> Yes <input type="checkbox"/> American College of Radiology (ACR) <input type="checkbox"/> Intersocietal Accreditation Commission (IAC) <input type="checkbox"/> RadSite <input type="radio"/> No
Is your facility eligible to bill for Medicare services?	<input type="radio"/> Yes <input type="radio"/> No
Did your facility participate in the original IDEAS Study?	<input type="radio"/> Yes <input type="radio"/> No
How many Brain PET with F-18 fluorodeoxyglucose (FDG) studies did your facility perform during the past 12 months?	<input type="radio"/> Less than 25 <input type="radio"/> 26 - 50 <input type="radio"/> 51 – 75 <input type="radio"/> 76 or more
City/State/Zip	
Telephone (Office)	

SURVEY MONKEY PAGE 2: Research Staff and Co-Investigators:

Please provide the following information about your research and recruitment experiences:

Name of Primary reading physician (i.e. radiologist or nuclear medicine specialist) to read participant scans:	
Email address of primary reading physician:	
Are they board certified?	<input type="radio"/> Yes <input type="radio"/> No
If yes, Please check all that apply	<input type="radio"/> American Board of Radiology (Diagnostic Radiology) <input type="radio"/> American Board of Radiology (Nuclear Radiology) <input type="radio"/> American Osteopathic Board of Radiology (Diagnostic Radiology) <input type="radio"/> American Board of Nuclear Medicine <input type="radio"/> American Osteopathic Board of Nuclear Medicine
Total number of board-certified physicians you plan to have at your site that will read participant scans.	
Which, if any, vendor-specific training has your site's radiologists completed for interpretation of amyloid PET images? (check all that apply)	<input type="radio"/> Amyvid™ (florbetapir) <input type="radio"/> Neuraceq™ (florbetaben) <input type="radio"/> VizamyI™ (flutemetamol)
Does the staff have experience with EDC/eCRFs	<input type="radio"/> Yes <input type="radio"/> No
Does your facility currently have TRIAD installation in use for transmitting images to the American College of Radiology?	<input type="radio"/> Yes <input type="radio"/> No
Do you have staff who speak Spanish to assist with PET Scan procedures?	<input type="radio"/> Yes <input type="radio"/> No

SURVEY MONKEY PAGE 3: PET Scanner Information:

Provide information for each PET scanner that will be used in the New IDEAS-Study:

*Note: Only scanners accredited specifically for brain PET can be used in IDEAS Study. Additionally, only full-ring BGO, GSO, LSO or LYSO PET scanners are eligible to participate; partial-ring and dedicated NaI systems are NOT eligible for use in the New IDEAS Study.

Scanner Name	
Manufacturer	
Model	
Fixed or Mobile?	Fixed <input type="checkbox"/> Mobile <input type="checkbox"/>

SURVEY MONKEY PAGE 4: Contracts and Finance

Please answer the following questions about Administrative Processes at your site:

Does your facility have a legal person to review the Business Associate Agreement?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, name and title of contracts person	
Email Address of contracts person	
What is the average amount of time your institution needs to review and finalize contracts?	<input type="radio"/> 2 weeks or less <input type="radio"/> 2-4 weeks <input type="radio"/> 4-8 week <input type="radio"/> >8weeks
Participating facilities will not receive additional funding outside standard reimbursement from CMS for participating. Is this a barrier to your site’s participation?	<input type="radio"/> Yes <input type="radio"/> No

SURVEY MONKEY PAGE 5: Referrals and Stakeholder Relationships

Please answer the following questions about additional community relationships:

Has your facility discussed this study with or identified a dementia practice who will refer study participants to you?	<input type="radio"/> Yes <input type="radio"/> No
If yes, Please provide the name of the practice.	

Do you have any colleagues from the same or other organization who might be interested in participating in this study?	<input type="radio"/> Yes <input type="radio"/> No
Name:	
Email Address:	
Organization/Facility:	
Would they serve as a Referring Physician Site or PET Facility?	<input type="radio"/> Referring Physician Site <input type="radio"/> PET Facility

Confidentiality and Assurance Statement

<p>My signature below affirms that all the information given above is correct to the best of my knowledge. I shall hold any and all information received from the ACR in future in relation to any clinical trial as confidential. I agree to not disseminate or discuss my responses with anyone outside of my organization.</p>	
Name of Person Completing this Form:	
Professional Title:	
Signature:	
Date:	
Email Address:	