Form Revision Notice for PET Facility Forms

Amyloid PET Assessment Form- Version 2.0 11-12-15

If Question 4 reported as Yes, additional questions available for reporting the prior brain imaging studies will be available.

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: _____/_____/

Amyloid PET Report Form- Version 2.0 12-04-15

Additional question 5 was added to the form:

5. 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.
Question 4 wording changed from Radiopharmaceutical dosage to Administered dosage.

An additional question was added to report reason if dosage administered is out of range.