



Form Revision Notice for Referring Physician Forms

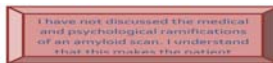
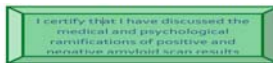
Case Registration Form- Version 2.0 01-08-16

Wording in question 4.1 changed from **Cognitive complaint verified by objectively confirmed cognitive impairment** to **Cognitive complaint with objectively confirmed impairment**.

Pre-PET Clinical Assessment Form- Version 2.0 02-03-16

New question 1/1a was added to the form:

1. Before patient can proceed to A β PET scan, Dementia Expert must certify that patient is aware of the ramifications of the test.



1a. Please verify the patient meets the Appropriate Use Criteria for Amyloid PET (all must be checked):

1.a.1. Cognitive complaint with objectively confirmed impairment;

Yes No

1.a.2 The etiologic cause of cognitive impairment is uncertain after a comprehensive evaluation by a dementia specialist, including general medical and neurological examination, mental status testing including standard measures of cognitive impairment, laboratory testing, and structural neuroimaging;

Yes No

1.a.3 Alzheimer's disease is a diagnostic consideration;

Yes No

1.a.4 Knowledge of amyloid PET status is expected to alter diagnosis and management.

Yes No

Former question 6 is now question 7 and has additional options if MCI selected:

7. Please specify the level of cognitive impairment:

Mild cognitive impairment

Amnestic (single domain or mixed)

Non-amnestic (single domain or mixed)

Dementia

Questions 14b and 16- wording of scales has been changed:

14b. Indicate your confidence in your primary diagnosis:

Not at all
confident

1	2	3	4	5	6	7	8	9	Certain 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please rate your estimated likelihood that AD pathology is present and causing or contributing to cognitive symptoms:

Definitely
not

1	2	3	4	5	6	7	8	9	Certain 10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Post-PET Clinical Assessment Form- Version 2.0 01-08-16

Added to first paragraph: This form must be submitted within 15 days of the patient's Post-PET clinical visit.

Question 2 has an additional response option of:

- o Equivocal / Indeterminate for cortical beta amyloid

Question 7 now has additional responses:

- o The Pre-PET management plan was watchful waiting, and that continues to be the plan. No new diagnostic tests, drug adjustments, counseling or referrals have occurred since the PET scan, and none are planned now.
- o The Pre-PET management plan was watchful waiting, but there have been new actions implemented or recommended.
- o Watchful waiting was not the plan and now it is.
- o No management actions other than ones reported on the Pre-PET form have been implemented or recommended. *(Please report the status of each action from the Pre-PET form highlighted in green below.)*
- o The management plan includes at least one new item. *(Please report all new actions implemented or recommended, and also report the status of each action reported on the Pre-PET, highlighted in green below.)*

Question 7a (code table) options under section Counseling for safety, planning & social support are now:

- o Implemented as recommended in pre-PET visit
- o Implemented with significant modifications from the pre-PET visit
- o Recommended by physician as in pre-PET visit, and pending
- o Recommended by physician with significant modifications from the pre-PET visit, and pending
- o Recommended as in pre-PET visit, but patient deferred or refused
- o Recommended with significant modifications from the pre-PET visit, but patient deferred or refused
- o Physician no longer recommends this action

Question 8 now has additional responses:

- o Participant not on drugs, no drug therapy was planned at the time of the Pre-PET, and no drug therapy is planned now.
- o At least one drug therapy is now planned or was planned at the time of the Pre-PET, and is listed below.
- o Drug therapy was not the plan but now is.
- o No drug therapies other than ones reported on the Pre-PET form have been implemented or recommended. *(Please report the status of each action from the Pre-PET form highlighted in green below.)*
- o The drug therapy plan includes at least one new item. *(Please report all new actions implemented or recommended, and also report the status of each action reported on the Pre-PET, highlighted in green below.)*