



<u>PET Facility Forms</u>	<u>Version/Date</u>
Amyloid PET Completion Form	Version 4.0 03-16-16
Amyloid PET Assessment Form	Version 2.0 11-12-15
Amyloid PET Report Form	Version 2.0 12-04-15

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1305. The time required to complete this information collection is estimated to average thirty (30) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Amyloid PET Completion Form

- This form is completed by the PET Facility via Web-based data entry by midnight on the day the scan was performed.

PET FACILITY ID #: _____

IDEAS STUDY CASE #: _____

REFERRING PHYSICIAN NAME: _____

1. **DATE SCAN COMPLETED:** ____/____/____
(must be within 30 days of Pre-PET Clinical Assessment form submission)
2. **SCAN TYPE:** (you must check one)
 - PET
 - PET-CT
 - PET-MRI

3. **RADIOPHARMACEUTICAL:**
 - F-18 florbetaben (Neuraceq™)
 - F-18 florbetapir (Amyvid™)
 - F-18 flutametamol (Vizamyl™)

4. **NET ADMINISTERED DOSE AT INJECTION TIME:** _____mCi

Dosage reason:

5. SCANNER INFORMATION

Facility's Scanner Identifier (facility's name for scanner) - [Pull Down Menu of Facility's Scanner Info](#)

Date: (auto filled)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1305. The time required to complete this information collection is estimated to average thirty (30) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Amyloid PET Assessment Form

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

Subject Name _____

Subject ID: _____

DOB: ___/___/_____

Site ID: _____

Reader ID: _____

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



Amyloid PET Assessment Form

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. Global Scan Result:

- Positive for cortical beta-amyloid
- Negative for cortical beta-amyloid
- Uninterpretable/technically inadequate study

If positive or negative, provide confidence level of interpretation:

- Low
- Intermediate
- High

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

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

Date form completed: (auto filled)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1305. The time required to complete this information collection is estimated to average thirty (30) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Amyloid PET Report Form

- 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.
-

PET FACILITY ID #: _____

IDEAS STUDY CASE #: _____

REFERRING PHYSICIAN NAME: _____

1. DATE SCAN COMPLETED: ____/____/____

2. DATE PET REPORT COMPLETED: ____/____/____

3. INTERPRETING PHYSICIAN INFORMATION - Pull Down Menu of Facility's Interpreting Physicians

4. PET REPORT (*you must enter the COMPLETE PET REPORT as free text*)

Free Text Entry – (*copy & paste from Microsoft Word document or other text document*)

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.

Date (auto filled)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1305. The time required to complete this information collection is estimated to average thirty (30) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.