Memorandum

To: Referring Physicians and Practices
From: IDEAS Staff
Date: April 26, 2016
Subject: Form Revision Notice

The following form revision(s) are being implemented:

The revisions will be:

→Posted to the IDEAS website on: April 26, 2016
→Posted to the online web entry system: April 26, 2016
→Effective: April 25, 2016

New Version # and Date:

Post-PET Clinical Assessment Form- Version 3.0 03-22-16

New questions added 1d, d1, d2 and 4:

1d. Was this follow-up visit a face-to-face meeting between the treating physician and the patient?
□ Yes
□ No (Complete questions below to explain this protocol deviation. Note that some IRBs require reporting of protocol deviations either immediately or in an annual progress report.)

d.1 If you, the physician who enrolled this case, did not see your patient for a face-to-face consultation, indicate how you collected the data for the Post-PET follow-up form (CHECK ALL THAT APPLY): I spoke with the patient and/or patient's proxy via telephone

i. With whom did you speak? (CHECK ALL THAT APPLY):
□ Patient
□ Family member
□ Patient's care provider
□ Other proxy for patient

Role: __________________________

Proxy first name: ________________

Proxy last name: ________________

ii. What was the approximate duration of the call in minutes? _____

iii. The protocol requires that data for the Post-PET form be collected by the enrolling dementia expert physician. Please certify that you, the
physician who enrolled this patient, collected the data yourself via telephone:

- I certify that I collected the data personally
- I did not collect the data myself

☐ Other method of gathering the data (NOTE: Your response will be reviewed by IDEAS investigators to determine whether the method is acceptable. This may affect your final payment.)

______________________________
______________________________
______________________________
______________________________

d.2 Why was it not possible to see the patient face-to-face?

- Patient moved out of the area or was travelling during the allowed time window.
- Patient’s physical health prevented a visit.
- Appointment could not be scheduled within the allowed time window.
- Other __________________________

4. Since the date of the PET scan, has this patient

a. had any hospital admissions?

- Yes ○ No

b. had any visits to an emergency room (in hospital or free standing, but not urgent care)?

- Yes ○ No