

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 25, 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

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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