



PET Tech Form

Protocol: *Discovery PET: Tier 3*

Site ID: _____

Participant ID: _____

¹¹C PiB PET Scan

Weight (kg): _____ . ____ (round to the nearest tenth)

Is this a biological female of childbearing potential? (check one) 1 Yes 2 No

If Yes: Negative pregnancy test date (≤ 72 hours prior to injection of study drug): (mm/dd/yyyy) ____/____/____

Pregnancy test time: ____ : ____ (Military time: Range: 0000 (midnight) to 2359 (11:59 pm))

Was ¹¹C PiB PET imaging completed? (check one)

1 Yes. If Yes: Date of ¹¹C PiB PET imaging: (mm/dd/yyyy) ____/____/____

Time of Injection: ____ : ____ [Military time: Range: 0000 (midnight) to 2359 (11:59 pm)]

¹¹C PiB Dose amount: ____ . ____ mCi

Injection Volume: ____ . ____ mL

Lot Number: _____

Time of ¹¹C PiB PET imaging: ____ : ____ [Military time: Range: 0000 (midnight) to 2359 (11:59 pm)]

2 No. If No, Primary Reason ¹¹C PiB PET imaging not completed: (check any that apply)

Claustrophobia

Vasovagal reaction

Bruising

Refused scan

Other (not per protocol), specify _____

Was an AE evaluation completed 15 min post injection of ¹¹C PiB PET radiopharmaceutical?

1 Yes

2 No

Complete table below for AEs reported:

Brief description of AE	Date AE occurred	Date PET center became aware of AE	Were PI and CRC notified of AE within 24 hours? (If no, date/time of notification)	Notes
Claustrophobia				
Vasovagal reaction				
Bruising				

Signature: _____

Date: _____