



# PET Tech Form

Protocol: *Discovery PET/CT: Tier 3*

Site ID: \_\_\_\_\_

Participant ID: \_\_\_\_\_

## <sup>11</sup>C PiB PET/CT Scan

Weight (kg): \_\_\_\_\_ . \_\_\_\_\_ (round to the nearest tenth)

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

If Yes: Negative pregnancy test date ( $\leq 72$  hours prior to injection of study drug): (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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

Was <sup>11</sup>C PiB PET/CT imaging completed? (check one)

1  Yes. If Yes: Date of <sup>11</sup>C PiB PET/CT imaging: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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

<sup>11</sup>C PiB Dose amount: \_\_\_\_\_ . \_\_\_\_\_ mCi

Injection Volume: \_\_\_\_\_ . \_\_\_\_\_ mL

Lot Number: \_\_\_\_\_

Time of <sup>11</sup>C PiB PET/CT imaging: \_\_\_\_ : \_\_\_\_ [Military time: Range: 0000 (midnight) to 2359 (11:59 pm)]

2  No. If No, Primary Reason <sup>11</sup>C PiB PET/CT 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 <sup>11</sup>C 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: \_\_\_\_\_