Complete this form at a visit that includes a PET imaging procedure to assess for adverse events.

A. Assessment Date: __ __/__ __/__ __ __ __ (mm/dd/yyyy)

1. Was a PET imaging scan conducted at this visit?
   ○ No
   ○ Yes

1a. If Yes, were adverse events assessed following the procedure(s)?
   ○ No
   ○ Yes

i. If No, please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

ii. If Yes, were any adverse events observed?
   ○ No
   ○ Yes

If question 1.a.ii is “Yes”, document information on the Adverse Event Log.
PPMI AV-133 Prodromal Imaging Substudy

Adverse Event Telephone Assessment

Complete this form for the telephone follow up 2-3 business days following PET imaging procedure to assess for adverse events.

A. Assessment Date: __ __ / __ __/ __ __ __ __ (mm/dd/yyyy)

1. Was a PET imaging scan conducted at this visit?
   ○ No
   ○ Yes

2. Was contact made during this telephone call?
   ○ No
   ○ Yes
   2a. If no, indicate the reason:
       ○ Phone disconnected/number no longer in service
       ○ Messages for participant were not returned
       ○ Participant moved/unable to locate
       ○ Other, specify: ________________________________

3. Were any adverse events reported by the participant?
   ○ No
   ○ Yes

   If question 3 is “Yes”, new adverse event(s) should be documented on the Adverse Event Log.
PPMI AV-133 Prodromal Imaging Substudy
Conclusion of Study Participation

The Conclusion of Study Participation form should be completed when a participant either completes study participation, decides to no longer participate in the study/withdraws consent, or has withdrawn/concluded the PPMI Clinical study.

A. Assessment Date: ___/___/____ (mm/dd/yyyy)

1. Date of conclusion of participation: ___/___/____ (mm/dd/yyyy)

2. Select a reason for conclusion of study participation:
   ○ Completed study per protocol
   ○ Transportation/Travel issues (ex: logistics or travel, moved away from study site)
   ○ Burden of study procedures (other than travel)
   ○ Family, care-partner, or social issues (such as work/job obligations)
   ○ Non-compliance with study procedures
   ○ Adverse event
   ○ Decline in health
   ○ Lost to follow up
   ○ Other, please specify:
      ______________________________________________________________________
      ______________________________________________________________________
      ______________________________________________________________________
      ______________________________________________________________________

3. Did increasing PD disability contribute to the decision to withdraw from the PPMI AV-133 Prodromal Imaging Study?
   ○ No
   ○ Yes
   ○ Not Applicable
PPMI AV-133 Prodromal Imaging Substudy
Documentation of Informed Consent

Form instructions: Document date participant signed consent as the “Assessment Date” below.

A. Assessment Date: __ __ / __ __/ __ __ __ __ (mm/dd/yyyy)

1. Informed consent was discussed with participant and/or legally authorized representative for the PPMI 015 AV-133 Prodromal Imaging Study. Participant and/or legally authorized representative was given adequate time to read the informed consent, the opportunity to ask questions and consent was obtained prior to any study procedures being performed.

☐ No  ☐ Yes

Monitor responsibilities

- Verify site process for obtaining informed consent is adequate according to 21 CFR 56.109(c) and 28 (21 CFR 50.27).

- Current approved ICF(s) version(s) are signed.

- Informed consent was obtained by person authorized on site delegation log.
PPMI AV-133 Prodromal Imaging Substudy
Inclusion/Exclusion Criteria

All inclusion criteria must be marked “Yes” and all exclusion criteria must be marked “No” before proceeding to enrollment. Otherwise, complete “Screen Fail” CRF for this substudy.

A. Assessment Date: ___/___/____ (mm/dd/yyyy)

Inclusion Criteria:

1. A Prodromal PD participant confirmed eligible to proceed to PPMI Clinical Baseline visit.
   ○ Yes  ○ No
2. Able to provide informed consent.
   ○ Yes  ○ No
3. Male or Female (Females must meet additional criteria specified below, further defined in protocol, as applicable)
   a. Females must be of non-childbearing potential or using a highly effective method of birth control 14 days prior to until at least 24 hours after injection of 18F-AV-133.
   b. Females of childbearing potential must not be pregnant, breastfeeding or lactating.
   c. Females of childbearing potential have a negative urine pregnancy test prior to 18F-AV-133 injection on day of PET scan.
   ○ Yes  ○ No

Exclusion Criteria:

1. Received any of the following medications that might interfere with 18F-AV-133 PET imaging: tetrabenazine (TBZ) or methylphenidate, reserpine, or amphetamine derivative, within 1 month prior to the Baseline 18F-AV-133 injection.
   ○ No  ○ Yes
2. Any other medical or psychiatric condition or lab abnormality, which in the opinion of the investigator might preclude participation.
   ○ No  ○ Yes
PPMI AV-133 Prodromal Imaging Substudy
Pregnancy Test

A. Assessment Date: __ __ / __ __/ __ __ __ __ (mm/dd/yyyy)

B. Is participant a female of childbearing potential?
   ○ Yes    ○ No

   1. If female of childbearing potential, was urine pregnancy test performed?
      ○ Yes    ○ No

      If no, explain why:
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________

   1a. If pregnancy test performed, is the participant pregnant?
      ○ Yes    ○ No

   1b. Was the pregnancy test result confirmed prior to ¹⁸F-AV-133 injection for PET scan?
      ○ Yes    ○ No    ○ Not Applicable

      If no, explain why:
      __________________________________________________________________________
      __________________________________________________________________________
      __________________________________________________________________________
Note: If a pregnancy was confirmed as occurring within 30 days following AV-133 injection, document this in the database within 24 hours of notification.

A. Assessment Date: __ __ / __ / __ __ __ __ (mm/dd/yyyy)

1. This is a report of pregnancy for which person?
   ○ Female participant
   ○ Female partner of participant

2. Is the pregnancy confirmed as occurring within 30 days following the AV-133 injection?
   ○ No
   ○ Yes
   ○ Unknown
PPMI AV-133 Prodromal Imaging Substudy
Screen Fail

A. Assessment Date: ___ / ___/ ___ ___ (mm/dd/yyyy)

1. Participant did not enroll in PPMI AV-133 Prodromal Imaging due to:
   ○ Eligibility Criteria
   ○ Participant declined participation prior to completing baseline visit

1a. Please select the reason for declining:
   ○ Risks of Protocol
   ○ Confidentiality issues
   ○ Protocol too time intensive
   ○ Changed mind about lumbar puncture
   ○ Travel requirements
   ○ Family or caregiver/informant advised declining
   ○ Physician (other than Site Investigator) advised declining
   ○ Enrolled in other study
   ○ No longer interested
   ○ Other
Note: Women of childbearing potential must have a negative urine pregnancy test result prior to injection for imaging scan.

A. Assessment Date: ___/___/______ (mm/dd/yyyy)

**Vital signs measured approximately 30 minutes prior to injection**

1. Was a study physician present to evaluate the participant prior to injection?
   ○ Yes
   ○ No
   If no, please explain:
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. Time vital signs measured prior to injection: __ __:__ __ (24-hour clock)
   To be taken after participant has been supine for 1-3 minutes:

3. Supine blood pressure: _______ / _______ mmHg (systolic/diastolic)

4. Supine heart rate: _______ beats per minute

5. Time of ¹⁸F-AV-133 injection: __ __:__ __ (24-hour clock)

**Vital signs measured approximately 15-30 minutes post-injection**

6. Time vital signs measured after injection: __ __:__ __ (24-hour clock)
   To be taken after participant has been supine for 1-3 minutes:

7. Supine blood pressure: _______ / _______ mmHg (systolic/diastolic)

8. Supine heart rate: _______ beats per minute
9. Was AV-133 PET imaging scan completed?
   - Yes
   - No
   If no, please explain:
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

10. Was a study physician (or designee) present to evaluate the participant prior to discharge?
    - Yes
    - No
    If no, please explain:
    
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

11. Imaging Site:

    ☐ Completed at another PPMI site on behalf of this clinical site