PPMI MNI1008 PET Imaging Substudy

Adverse Event Telephone Assessment

Complete this form for the telephone follow up 1-3 business days following an MNI1008 imaging procedure to assess for adverse events.

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

1. Was an MNI1008 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.