

PPMI NX PI-2620 Tau Imaging Substudy
Adverse Event In-Clinic Assessment

Complete this form at a visit that includes a PI-2620 imaging procedure to assess for adverse events.

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

1. Was a PI-2620 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.