

PPMI NX PI-2620 Tau Imaging Substudy
Adverse Event Telephone Assessment

Complete this form for the telephone follow up 2-3 business days following 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

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, please 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.