

PPMI NX PI-2620 Tau Imaging Substudy

Pregnancy Test

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

B. Is participant of childbearing potential?

☐ Yes ☐ No

1. If female of childbearing potential, was urine pregnancy test performed?

☐ Yes ☐ No

1a. If pregnancy test performed, is the participant pregnant?

☐ Yes ☐ No

1b. Was the pregnancy test result confirmed prior to 18F-PI-2620 injection for imaging scan?

☐ Yes ☐ No ☐ Not Applicable

If no, explain why:
