Exam 7
Brain PET Acquisition

Participant ID #: ☐☐☐☐☐☐☐ Acrostic:* ☐☐☐☐☐☐☐

**Do not enter into PET software*

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

1. PET tech ID: _____

2. Time of today's scanner QC: ☐☐ : ☐☐ ○ AM ○ PM

Participant Information

3. Sex:
- ○ Male
- ○ Female

4. Age: _____

Pre-scan Vitals

5. Blood pressure: _____ / _____

6. Pulse: _____ bpm

7. Weight: _____ lbs

8. Temperature: _____ °F

9. Dose: _____ mCi

10. Dose assay time: ☐☐ : ☐☐ ○ AM ○ PM

11. Dose injection time: ☐☐ : ☐☐ ○ AM ○ PM

12. Residual: _____ mCi

Time: ☐☐ : ☐☐ ○ AM ○ PM

Post-injection Vitals

13. Blood pressure: _____ / _____

14. Pulse: _____ bpm

15. Did the participant wait ~40 minutes for tracer uptake?
- ○ Yes
- ○ No → If no, note below

16. Scan start time: ☐☐ : ☐☐ ○ AM ○ PM

17. Any variations from protocol during tracer uptake?
- ○ Yes → If yes, note below (Q29)
- ○ No

18. Was the scan completed?
- ○ Yes
- ○ No → If no, note below (Q29)

Post-scan Vitals

19. Blood pressure: _____ / _____

20. Pulse: _____ bpm

Additional measurements, if necessary:

21. Blood pressure: _____ / _____

22. Pulse: _____ bpm

23. Blood pressure: _____ / _____

24. Pulse: _____ bpm

25. Injection site location and observations:

_____

26. Participant encouraged to void and drink plenty of fluids the rest of the day?

- ○ Yes
- ○ No

27. PET technician signature: _____

28. Notes: _____

_____

CALL STUDY STAFF PRIOR TO RELEASING PARTICIPANT. *[Insert site contact name and phone]*