Date of Exam: mm dd yyyy

1. **Radiopharmaceutical**
	1. Name of radiopharmaceutical:
	2. Source (manufacturer) of radiopharmaceutical:
	3. Synthesis process (reference, if available):
	4. Mechanism of action:
	5. Average time between synthesis and administration:
	6. Dosage (MBq):
	7. Molar activity (e.g. GBq/μmole):
	8. Injected mass:
	9. Minimum radiochemical yield (μSv):
	10. Minimum purity (%):
	11. Administration as [ ]  bolus or [ ]  infusion (infusion time (mins):)
2. **Hardware**
3. Scanner make: [ ]  GE [ ]  Philips [ ]  Siemens [ ] Toshiba [ ]  Other, specify:
4. Scanner model:
5. **Groups**
	1. Type(s) of participant (check all that apply):

[ ]  Patients (specify diagnosis):

[ ]  Healthy controls

* 1. Experimental conditions/tasks: [ ]  Yes [ ]  No
		1. If yes, describe:
1. **Acquisition**
	1. Scan Location (check all that apply): [ ]  whole body [ ]  brain only
	2. Length of scan:
	3. Matrix size (number of voxels x, y, z):
	4. Voxel size (millimeter x, y, z):
	5. Gaussian filter:
	6. Slice thickness:
	7. Acquisition plane: [ ]  axial [ ]  coronal [ ]  sagittal [ ]  other, specify:
	8. Corrections applied during acquisition: [ ]  Yes [ ]  No
		1. If yes, describe:
	9. Patient preparation (e.g. fasting):
	10. Dynamic acquisition: [ ]  Yes [ ]  No
	11. Brain structural MRI also acquired? [ ]  Yes [ ]  No
	12. Arterial blood activity measured: [ ]  Yes [ ]  No
	13. Peripheral blood activity measured: [ ]  Yes [ ]  No
	14. Metabolites measured: [ ]  Yes [ ]  No
	15. Was any pharmacologic effect observed? [ ]  Yes [ ]  No
	16. Did any adverse events related to the radiopharmaceutical occur? [ ]  Yes [ ]  No
	17. Software package(s) and versions used:
2. **Processing**

[ ]  None-routine visual analysis

[ ]  Co-registered to MRI

[ ]  Co-registered CT

[ ]  3D stereotactic surface projection (SSP)

[ ]  Other, specify:

1. **Analysis**

[ ]  Visual

[ ]  Semi quantitative (ROI AI)

[ ]  Quantitative (ROI)

[ ]  Voxel based (SPM)

* 1. Reference region used: [ ]  Yes [ ]  No
		1. If yes, describe brain reference region:
	2. Software package(s) and versions used:
1. **Study Conclusion**: [ ]  differences or abnormalities found

 [ ]  no differences or abnormalities found

 [ ]  inconclusive

**GENERAL INSTRUCTIONS:** Important note: All elements on this CRF are considered Supplemental – Highly Recommended and should be collected as part of a PET study.