



Participant ID: _____	Pin # _____
Discovery Site: _____	Clinical Center _____
CRF Date: ____/____/____	Visit #: _____

Eligibility Confirmation – Trans-MAPP Neuroimaging Study

Research Coordinator completes at Baseline or Follow-up contact.

Inclusion Criteria

1. Participant has signed and dated the appropriate Informed Consent document and has consented to the Trans-MAPP Neuroimaging Studies procedures.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If Yes , record date the form was signed:	____/____/____ MM DD YYYY
b. Did the participant sign consent, successfully meet all Eligibility Criteria, and enroll in either the Trans-MAPP EP or Trans-MAPP Control study? <small>(Participant has satisfied ALL Inclusion/Exclusion criteria and urine dipstick/culture results are within designated parameters.)</small>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
c. Participant has signed the genetic consent form for the Trans-MAPP EP or Trans-MAPP Control Group Study.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
d. Participant is able to speak, read, and understand English.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
2. Participant is ≥ 18 years of age.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
3. Participant is right-handed.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
4. MRI scanning visit is scheduled for the EPS Participant within 14 days of baseline, 6-month, or 12-month visit; - or - is scheduled for the Control Participant within 14 days of baseline.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₉₉ NA
(Please record 99/NA for Control Pt.s enrolled prior to the start of the Neuroimaging study who are returning for a scan visit.)	
a. If Yes , record date the MRI scanning visit is scheduled:	____/____/____ MM DD YYYY
* If No , the scan at this visit will be considered “Missed” for the purposes of the Trans-MAPP Neuroimaging study and no scan data will be collected at this visit.	

ALL INCLUSION CRITERIA RESPONSES ABOVE MUST BE “YES” FOR THE PARTICIPANT TO BE ELIGIBLE FOR ENROLLMENT IN THE TRANS-MAPP NEUROIMAGING STUDY

Exclusion Criteria

5. Participant has CNS Disease, including structural brain abnormalities (e.g., neoplasms, subarachnoid cysts), cerebrovascular disease, ongoing infectious disease (e.g., abscess), history of other neurological disease, including stroke or seizure disorders.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
6. Participant has claustrophobia: Potential participants will be questioned about possible discomfort with being in an enclosed space (e.g., MRI scanner). Those who report such problems will be excluded.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
7. Participant has vision or hearing impairments that would impede completion of study procedures.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
8. Participant has any metal implants, devices, or jewelry that would be unsafe in the MRI, or meets any other exclusionary criteria as specified by the Magnetic Resonance Screening form.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

(Please refer to the Magnetic Resonance Screening administrative form: MR_SCREEN.)

ALL EXCLUSION CRITERIA RESPONSES ABOVE MUST BE “NO” FOR THE PARTICIPANT TO BE ELIGIBLE FOR ENROLLMENT IN THE TRANS-MAPP NEUROIMAGING STUDY

9. Did the participant meet all Eligibility Criteria for the Trans-MAPP Neuroimaging Study?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
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10. Research Coordinator ID _____ (4-digit ID)