

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

Trans-MAPP Neuroimaging Study
Day of Scan Data and Specimen Collection Status
Research Coordinator completes on day of Neuroimaging Study scan.

1. Was the Participant seen for the Neuroimaging Study scan at this visit? ₁ Yes ₀ No
- If **No**, please complete question 1a. below and leave the rest of this form blank.
If **Yes**, please continue to question 2 and complete the rest of this form.
- a. If **No**, confirm the reason why the Participant was not seen for the Neuroimaging Study scan:
- ₁ Participant not available
₂ Scan facility not available
₃ Scan Visit out of window
₉₈ Other (specify) _____
2. Does the Participant still meet all Eligibility Criteria for the Trans-MAPP Neuroimaging Study at the time of this visit? * ₁ Yes ₀ No

(* Please note, eligibility is documented at Baseline on the ELIG_SCAN CRF and per the guidelines of the MR_SCREEN administrative form. Eligibility is confirmed on the day of the MRI scan by answering Question #2 above. Additional screening for eligibility is done on the day of the MRI scan per the guidelines of the MR_SCREEN administrative form and any other applicable Magnetic Resonance screening procedures per the institution performing the MRI scan.)

3. Please confirm if the scan was completed within 48 hrs. of the most recent Trans-MAPP Study Clinic Visit. ₁ Yes ₀ No
4. Please record the date the scan was completed: _____
- MM DD YYYY
5. Was additional Biomarker Urine specimen collected? ₁ Yes ₀ No
- a. If **No**, confirm why specimen not collected
- ₁ Scan within 48 hrs. of Baseline
₂ Participant refused
₃ Participant could not provide specimen
₉₈ Other _____
6. Was additional Plasma specimen collected? ₁ Yes ₀ No
- a. If **No**, confirm why specimen not collected
- ₁ Scan within 48 hrs. of Baseline
₂ Participant refused
₃ Participant could not provide specimen
₉₈ Other _____

7. Research Coordinator ID _____ (4-digit ID)