

## CASE REPORT FORM

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PROTOCOL # T-M-1330

LIGAND: [<sup>11</sup>C]ER176

**TITLE:** Assessment of [<sup>11</sup>C]ER176 to image translocator protein in brain and whole body of healthy subjects

## SUBJECT DATA

**SCAN DATE :** \_\_\_\_\_ **SUBJECT STUDY #:** \_\_\_\_\_ **DIAGNOSIS:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **R or L HANDED**

IF FEMALE, MENSTRUATION: FIRST DATE OF LAST PERIOD: \_\_\_\_\_, CYCLE: \_\_\_\_ DAYS, REGULAR? YES/NO

IF FEMALE, PREGNANCY TEST DONE: [ ] YES [ ] NO [ ] N/A IF N/A, REASON WHY: \_\_\_\_\_

RESULTS OF PREGNANCY TEST: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

	Actual time	Pulse Rate (/min)	BP (mm Hg)	Resp. Rate (/min)	ECG	Subjective Report
Baseline (within 3 hours)			/			
<b>Post [<sup>11</sup>C]ER176 injection</b>						
~15 min			/			
~30 min			/			
~90min			/			
~120 min			/			

**Time of Injection:** \_\_\_\_:\_\_\_\_(24 h)

**Injection dose (mCi):** \_\_\_\_\_

**Post-scan Lab tests:**  
(date and time) \_\_\_\_\_

**Telephone Call:**  
(date and time) \_\_\_\_\_

**ADVERSE REACTIONS DURING SCAN:** (subjective reports, observed behavior and vital signs)

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## REVIEW OF PRE- AND POST-INJECTION LABORATORY MEASUREMENTS

	<u>Significant Change (Y/N)</u>	<u>If yes, explain:</u>
Chemistries	_____	_____
Hematology	_____	_____
Urinalysis	_____	_____

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Review of CRF by Sponsor: Robert Innis, MD, PhD

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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ECG before tracer administration

Time \_\_\_\_\_:\_\_\_\_\_ (24 h)

Paste ECG records below

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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SCAN DATE : \_\_\_\_\_ SUBJECT STUDY #: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ECG ~ 15 min after tracer administration Time \_\_\_\_\_:\_\_\_\_\_ (24 h)

Paste ECG records below

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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SCAN DATE : \_\_\_\_\_ SUBJECT STUDY #: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ECG ~ 30 min after tracer administration Time \_\_\_\_\_:\_\_\_\_\_ (24 h)

Paste ECG records below

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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SCAN DATE : \_\_\_\_\_ SUBJECT STUDY #: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ECG ~ 90 min after tracer administration Time \_\_\_\_\_:\_\_\_\_\_ (24 h)

Paste ECG records below

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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SCAN DATE : \_\_\_\_\_ SUBJECT STUDY #: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ECG ~ 120 min after tracer administration Time \_\_\_\_\_:\_\_\_\_\_ (24 h)

Paste ECG records below

Name of Person Completing Section Above (Please Print Name Below):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_