

CASE REPORT FORM

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PROTOCOL # T-M-1330

LIGAND: [¹¹C]ER176TITLE: Assessment of [¹¹C]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: _____

DATE: _____

SIGNATURE: _____

| | Actual time | Pulse Rate (/min) | BP (mm Hg) | Resp. Rate (/min) | ECG | Subjective Report |
|---|-------------|-------------------|------------|-------------------|-----|-------------------|
| Baseline (within 3 hours) | | / | | | | |
| Post [¹¹C]ER176 injection | | | | | | |
| ~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: _____

DATE: _____

SIGNATURE: _____

REVIEW OF PRE- AND POST-INJECTION LABORATORY MEASUREMENTS

Significant Change (Y/N) If yes, explain:

Chemistries _____

Hematology _____

Urinalysis _____

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

NAME: _____

DATE: _____

SIGNATURE: _____

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

SIGNATURE: _____

DATE: _____

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PROTOCOL # T-M-1330**LIGAND:** [¹¹C]ER176**TITLE:** Assessment of [¹¹C]ER176 to image translocator protein in brain and whole body of healthy subjects**SUBJECT DATA****SCAN DATE :** _____**SUBJECT STUDY #:** _____**DIAGNOSIS:** _____**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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PROTOCOL # T-M-1330**LIGAND:** [¹¹C]ER176**TITLE:** Assessment of [¹¹C]ER176 to image translocator protein in brain and whole body of healthy subjects**SUBJECT DATA****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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PROTOCOL # T-M-1330**LIGAND:** [¹¹C]ER176**TITLE:** Assessment of [¹¹C]ER176 to image translocator protein in brain and whole body of healthy subjects**SUBJECT DATA****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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PROTOCOL # T-M-1330**LIGAND:** [¹¹C]ER176**TITLE:** Assessment of [¹¹C]ER176 to image translocator protein in brain and whole body of healthy subjects**SUBJECT DATA**

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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PROTOCOL # T-M-1330**LIGAND:** [¹¹C]ER176**TITLE:** Assessment of [¹¹C]ER176 to image translocator protein in brain and whole body of healthy subjects**SUBJECT DATA****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: _____