



Exam 7 Brain PET Exclusion

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

1. Consented to MRI? Yes No
└───────────> **Exclude from PET**

2. Excluded from MRI? Yes No Unknown
└───────────> **Exclude from PET**

3. Has this participant already
completed a MESA MIND brain PET? Yes No
└───────────> **Exclude from PET**

4. If completed AFib or Memory brain MRI, was it <12 months from [today's date]? Yes No
└───────────> **Exclude from PET**

5. Does participant exceed radiation limit? Yes No
└───────────> **Exclude from PET**

Cumulative radiation exposure: _____

Radiation safety limit: _____

Projected MESA Exam 7 cumulative radiation exposure: _____