BIOCLINICA®

# Samumed Protocol SM04690-OA-06
# Transmittal Form for DXA

## Site, Subject, and DXA Visit Information

To be completed at study site or by DXA Technologist

Site Number: [ ][ ][ ]

Subject ID: [ ][ ][ ][6][ ][ ][ ]
(Site Number) (Subject Number)

Date of Birth: (Day/Month are always 01-Jan)

[0][1] [J][A][N] [ ][ ][ ][ ]
D D M M M Y Y Y Y

Exam Date:

[ ][ ] [ ][ ][ ] [2][0][ ][ ]
D D M M M Y Y Y Y

**DXA Visit:**

- ☐ Screening
- ☐ Week 24
- ☐ Week 52
- ☐ Early Termination
- ☐ Unscheduled

- ☐ Repeat Scan (select visit)
- ☐ Bone Loss Repeat Scan (select visit)

## DXA Scan Information

To be completed prior to submission to Bioclinica

| DXA Scan | Scan Filename | Comments |
|---|---|---|
| **Spine** | | |
| **Left Femur** | | |
| **Right Femur** | | |

## DXA Scanner Information

If your site is using more than one DXA machine for this study, please indicate the DXA machine serial number used for this subject, as displayed on a DXA analysis printout, here: _____

Printed Name of DXA Technologist Acquiring Scans: [ ]

Initials of DXA Technologist Acquiring Scans: [ ][ ][ ]
F M L

**Data Shipment MUST include: Completed DXA Transmittal Form and correctly labeled transfer media containing measurements listed.**
**Distribution: File YELLOW page at study site. Send (Original) White page to Bioclinica**

## Comments

***---------- Do not write below this line. For Bioclinica use only ----------***

## Data Receipt: Bioclinica Study Code 10005841

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Final

Bioclinica Tracking Number [1][0][0][0][5][8][4][1] [1][0] [2][0][1][8][0][8][1][0] [ ]