

Appendix 1

DXA Equipment Checklist

STUDY NAME: _____

Site #: _____

Investigator's name: _____

1. Who is the primary DXA contact person for your study site?

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

2. Have you received and read the SOP and are you confident that you can follow the procedures outlined?

A. Yes

B. No

3. What type of DXA equipment will be used?

A. Lunar

B. Hologic

4. Which model(s)? _____

5. Which software version? _____

Please return this form by fax to Andrea Desilets at (617) 636-3662
BEFORE PERFORMING ANY SCANS OR WHEN YOUR INFO CHANGES.