



MRI REPORT AND REFERRAL FORM- VASCULAR

ID NUMBER:

FORM CODE:

V	M	R
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DATE: 02/10/2017
Version 1.0

Instructions: To be completed by the Vascular Reading Center for every MRI scan, including indicating whether or not any alerts or notifications were reported previously at Visit 5.

ADMINISTRATIVE INFORMATION

0a. Read Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

0b. Staff ID:

RESULTS

Note: The following incidental findings do not require an alert or physician notification:

White matter ischemia	Old infarcts	Microhemorrhages	Superficial siderosis
Atrophy	Lacunar infarcts	Noncritical stenosis	Remote bleeds

1. Are there any alerts or physician notifications present:

Y Yes

N No **GO TO ITEM 5**

LOCAL BRAIN

2. Urgent Alerts

- | | | | |
|--|--------------------------|-------|--------------------------|
| a. Acute Infarction..... | <input type="checkbox"/> | | <input type="checkbox"/> |
| b. Subacute Infarct | <input type="checkbox"/> | | <input type="checkbox"/> |
| c. Acute Subdural or Epidural Hematoma | <input type="checkbox"/> | | <input type="checkbox"/> |
| d. Subarachnoid Hemorrhage | <input type="checkbox"/> | | <input type="checkbox"/> |
| e. Acute Intraparenchymal Hematoma | <input type="checkbox"/> | | <input type="checkbox"/> |

f. Local Comments (including location) _____

g. Other Brain RC Comments (not checked above) _____

LOCAL BRAIN VASCULAR CHANGE
SINCE V5

3. Conditionally Urgent Alert

- a. Obstructive Hydrocephalus (Y/N) B
- b. Significant Space Occupying Lesion (ie. tumor).. (Y/N) B
- c. Aneurysm (Y/N) v
- d. Luminal Occlusion, Dissection, or (Y/N) v
Thrombus (nonaneurysmal)

e. Local Comments (including location) _____

f. Brain RC Comments (including location, changes since V5, and alerts not checked above) _____

g. Vascular RC Comments (including location, changes since V5, and alerts not checked above) _____

BRAIN VASCULAR CHANGE
SINCE V5

4. Physician Notification Recommended

- a. AV malformation (Y/N) v
- b. Pseudoaneurysm..... (Y/N) v
- c. Critical Stenosis (>50%) (Y/N) v
- d. Benign Tumor with no Mass Effect..... (Y/N) B
- e. Communicating Hydrocephalus..... (Y/N) B
- f. Other (specify in comments)..... (Y/N) v

g. Brain RC Comments (including location, changes since V5, and notifications not checked above) _____

h. Vascular RC Comments (including location, changes since V5, and notifications not checked above) _____

5. Letter Type: No Change
 Change

If change, report results as:

5a. _____

