



# MRI REPORT AND REFERRAL FORM- LOCAL

ID NUMBER:

FORM CODE: 

L	M	R
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DATE: 05/22/2023  
Version 2.0

**Instructions:** To be completed by the local radiologist, for every MRI exam, and entered into CDART on the day of the MRI exam to document pathology identification and to notify the field center PIs of conditions seen on the MRI scan that need to be brought to the immediate attention of the participant and their physician. Conditions requiring immediate attention include either Conditionally Urgent Alerts not reported at a previous visit or any Urgent Alerts.

## 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 present:

Y  Yes

N  No **END OF FORM**

2. Urgent Alerts

LOCAL      BRAIN

- a. Acute Infarction.....  LOCAL .....  BRAIN
- b. Subacute Infarct .....  LOCAL .....  BRAIN
- c. Acute Subdural or Epidural Hematoma.....  LOCAL .....  BRAIN
- d. Subarachnoid Hemorrhage.....  LOCAL .....  BRAIN
- e. Acute Intraparenchymal Hematoma.....  LOCAL .....  BRAIN

f. Local Comments (including location)

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LOCAL

BRAIN

VASCULAR

REPORTED  
AT  
PRIOR SCAN

3. Conditionally Urgent Alert

- a. Obstructive Hydrocephalus .....  .....  .....  (Y/N) L
- b. Significant Space Occupying Lesion (ie. tumor) .....  .....  .....  (Y/N) L
- c. Aneurysm.....  .....  .....  (Y/N) L
- d. Luminal Occlusion, Dissection, or .....  .....  .....  (Y/N) L  
Thrombus (nonaneurysmal)
- e. Local Comments (including location)

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