



# MRI PROCEDURE FORM

ID NUMBER:

CONTACT YEAR:

FORM CODE:  M  P  R

VERSION: A 04-06-93

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503.

**INSTRUCTIONS:** This form should be completed on paper during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

MRI PROCEDURE FORM (MPRA screen 1 of 2)

1. Status of MRI procedure:

- Go to Item 3b. — Completed C
- Go to Item 3a. — Attempted, incomplete I
- Not attempted N

2. The reason MRI was not attempted:

- No show A
- Rescheduled B
- Refused to sign informed consent form C
- Refused for other reasons (specify) D
- Other (specify) E

Specify: \_\_\_\_\_

**GO TO ITEM 7, SCREEN 2.**

3.a. Reason for incomplete MRI:

- Claustrophobia C
- Other (Specify) O

Specify: \_\_\_\_\_

b. Date MRI attempted or completed:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y

4. Record the order of Scanning Pulse Sequence. (If all series were completed in order, enter 1, 2, 3)

OPTIONS:

- Series 1: T1 Sagittal 1
- Series 2: Spin density/  
T2 Oblique Axial 2
- Series 3: Oblique Axial 3
- Other 4

**IF 4 IS ENTERED, PLEASE EXPLAIN BELOW:**

\_\_\_\_\_

5. Was oblique axial scan parallel to the AC/PC line? ..... Yes Y  
 No N

6.a. Were any emergent alert conditions noted? ..... Yes Y  
 No N

Go to Item 7.

b. Specify the alert condition:

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6.c. Who was notified of this alert?

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d. Date of alert notification:

		/		/		
M	M		D	D	Y	Y

7. MRI Technologist initials:

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8. Date of data collection:

		/		/		
M	M		D	D	Y	Y

TO BE COMPLETED BY MRI READING CENTER:

Tape Number:

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Date Received:

		/		/		
M	M		D	D	Y	Y

Date Archived:

		/		/		
M	M		D	D	Y	Y

Date of dBase Entry:

		/		/		
M	M		D	D	Y	Y