

Multi-Ethnic Study of Atherosclerosis

Exam 2



MRI Completion

* Name field:

*Important: Always enter into scanner as follows:

M . E . S . A . # . # . # . # . # . # . # . A . C . R . O . S . T . I

Mesa ID#

Acrostic

Clinic: _____

3 - Wake Forest

4 - Columbia

5 - Johns Hopkins

6 - Minnesota

7 - Northwestern and Loyola

8 - UCLA

Transcribe from participant visit records:

Date of Birth: / /

Exam 2 weight:

. lb

Exam 2 height:

. cm.

male female

Hispanic Chinese

Black White

Transcribe from participant data sheet

Primary side to Image: R L

Right Maxint:

Left Maxint:

1 Was MRI completed?

YES → Report Date of MRI
Month: / Day: / Year:

- NO → Indicate reason and then skip to Tech ID.
- Scanner malfunction
- Refused
- Claustrophobia
- Ill
- Ineligible
- Physically unable
- Other:

Check here if consent for gadolinium signed
FC Tech ID:

2 Was contrast completed?

YES → cc's given:
Time administered: M

Gad lot #:

- NO → Indicate reason
- Scanner malfunction
- Refused
- Claustrophobia
- Ill
- Ineligible
- Physically unable
- Other:

3 Type of scanner: GE Siemens

4 Series Description: Series # of images

1. Coronal Scout	<input type="text"/>	<input type="text"/>
2. Axial Scout	<input type="text"/>	<input type="text"/>
3. Carotid TOF MRA	<input type="text"/>	<input type="text"/>
4. Oblique Carotid	<input type="text"/>	<input type="text"/>
5. Axial PD CCA	<input type="text"/>	<input type="text"/>
5a. Prescan Values	<input type="text"/>	
6. Axial T2 Common Carotid Artery	<input type="text"/>	<input type="text"/>
7. Second Oblique plaque T2	<input type="text"/>	<input type="text"/>
8. Second Oblique plaque T1	<input type="text"/>	<input type="text"/>
8a. Prescan Values	<input type="text"/>	
9. 3D MRA	<input type="text"/>	<input type="text"/>
10. Repeat #8	<input type="text"/>	<input type="text"/>
11. Repeat #5	<input type="text"/>	<input type="text"/>

12. Screen Saves: Series # of images

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Side Imaged: Right Left

6 Exam #: Primary MRI Tech. ID:

Comments For Reading Center / Contrast Side Effects

For MESA Field Center Use Only

Data Entry ID#: Reviewer ID#: Date form received: / /