

Multi-Ethnic Study of Atherosclerosis

Exam 4



MRI Tagging Completion

*** Name field:**

***Important:** Always enter into scanner as follows:

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

Mesa ID#

Acrostic

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Clinic: _____

- 3 - Wake Forest 6 - Minnesota
- 4 - Columbia 7 - Northwestern and Loyola
- 5 - Johns Hopkins 8 - UCLA

Transcribe from participant visit records:

Age

Date of Birth

		/			/				
--	--	---	--	--	---	--	--	--	--

Height:

			.	
--	--	--	---	--

cm.

male female

Weight:

			.	
--	--	--	---	--

lb

Hispanic Chinese
 Black White

1 Was MRI completed?

YES → Date of MRI:

		/			/				
Month			Day			Year			

- NO → Indicate reason and then skip to #7
- Scanner malfunction
 - Refused
 - Claustrophobia
 - Ill
 - Ineligible
 - Physically unable
 - Other:

2 Type of scanner: GE Siemens

3 Series Description:

Beginning heart rate and blood pressure:

			/				
Heart rate				Blood Pressure			

Series # of images

- | | | | | |
|-----------------------------------|--|--|--|--|
| 1. <u>4 chamber cine</u> | | | | |
| 2. GE only: | | | | |
| <u>Horizontal tags</u> (3 slices) | | | | |
| Siemens only | | | | |
| <u>basal slice</u> | | | | |
| <u>mid slice</u> | | | | |
| <u>apical slice</u> | | | | |

3. GE only:

Vertical tags (3 slices)

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Siemens only

basal slice

--	--	--	--

mid slice

--	--	--	--

apical slice

--	--	--	--

Series # of images

4. Short axis cine (>= 12 slices)

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Siemens: Please combine all slices, do not include duplicate slices

5. 2 chamber cine

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6. Axial phase contrast

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7. Axial black blood aorta

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Ending heart rate and blood pressure:

			/				
Heart rate				Blood Pressure			

4 Exam #:

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5 Were any abnormalities noted?

Yes No

Specify:

Primary MRI Tech. ID			Reviewer ID#			Data Entry ID#			

COMMENTS FOR R.C. →