



MESA Exam 6

23-Sodium MRI Tracking Form

Participant ID #:

Acrostic:

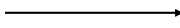
Technician ID:

Date: / /
Month Day Year

Date of Sodium MRI: / /
Month Day Year

11. Technical quality?

- Excellent
- Good
- Fair
- Poor



11a. If quality was poor, why?

12. Were there any coil-related problems?*

- Yes
- No

13. Were there any scanner-related problems?*

- Yes
- No

14. Additional technical comments?

15. Pre-scan supine start time: : (military time)
Hr Min

16. Pre-scan supine end time: : (military time)
Hr Min

17. Total pre-scan supine time: (Should be 15 minutes)
Min

18. Sodium calibration tubes present in coil?

- Yes
- No

19. Which leg was placed in the coil?

- Left (Should be left leg unless unable to use)
- Right

***If coil or scanner related problems arise, please notify the Vanderbilt University Reading Center immediately.**

Deepak K. Gupta, MD MSCI
 Vanderbilt Translational and Clinical Cardiovascular Research Center
 Division of Cardiovascular Medicine
 Vanderbilt University Medical Center
 2525 West End Ave, Suite 300
 Nashville, TN, 37203
 Office Tele: (615) 936-2530
 Cell: (937) 239-8670

23-Sodium MRI Tracking Form

20. Was the largest diameter of the calf centered in the coil?

- Yes
- No

21. Was foam support used for the foot of the selected leg during imaging?

- Yes
- No

22. Was an upper body wedge / foam support used for participant comfort?

- Yes
- No

23. Voltage adjustment for 90° flip angle:

Volts

24. Scan start time: : (military time)
Hr Min

25. Scan end time: : (military time)
Hr Min

26. Total scan time:
Min

27. Participant issues (e.g. motion, claustrophobia, etc.)?

28. Was participant repositioning needed during the scan?

- Yes
- No

29. Were any of the sequences repeated?

- Yes →
- No

29a. If sequences were repeated, which ones?

Skip to Q31

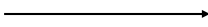
23-Sodium MRI Tracking Form

30. Was the Sodium MRI scan completed?

- Yes
- No
- Refused
- Ineligible
- Other:

31. Were all DICOM images transmitted to Vanderbilt Reading Center?

- Yes
- No



31a. Date of transmission:

□	□	/	□	□	/	□	□	□	□
Month			Day			Year			

31b. Initials of technician at Northwestern who transmitted study:

□	□
First	Last

Comments: