

Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____ pkdid

Clinical Center: _____ pccn

visit: _____

Scan Evaluation Form

1. MR Accession Number _____ accn

2. Date of Scan: *dvdate*

Grid for date of scan: [][] / [][] / [][][][]

(Check all that apply)

3. Studies Included: 1 Kidney *kid* 2 Liver *liv* 3 Renal Blood Flow *renalbf*

4. Date Received at IAC: *recdate*

Grid for date received at IAC: [][] / [][] / [][][][]

5. Quality Control Date: *qcondate*

Grid for quality control date: [][] / [][] / [][][][]

Evaluation Key:

- 1. Poor - unacceptable
- 2. Not adequate, coverage incomplete
- 3. Adequate, acceptable
- 4. Very good, coverage complete, good contrast
- 5. Excellent

KIDNEY

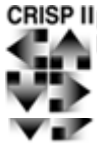
6. Is the quality of the images acceptable? Score _____ *kidacep*

Comment: _____ *kidcom*

7. Was the protocol followed? Score _____ *kidprot*

Comment: _____ *kidprcom*

8. Is a rescan necessary? *kdres* 0 No 1 Yes *If yes, specify tspec*
1 T1
2 T2 3mm



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LIVER

9. Is the quality of the images acceptable? Score _____ *livacep*

Comment: _____ *livcom*

10. Was the protocol followed? Score _____ *livprot*

Comment: _____ *livprcom*

11. Is a rescan necessary? *livres* 0 No 1 Yes

RENAL BLOOD FLOW

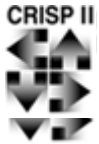
12. Is the quality of the images acceptable? Score _____ *rbacep*

Comment: _____ *rbcom*

13. Was the protocol followed? Score _____ *rbprot*

Comment: _____ *rbprcom*

14. Is a rescan necessary? *rbres* 0 No 1 Yes



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Scan Evaluation Form

DATA TRANSMISSION
15. Were there problems with the transmission? 0 <input type="checkbox"/> No 0 <input type="checkbox"/> Yes
<i>dttrans</i>
Indicate any problem below: _____ <i>dtprob</i>

CRISP Member completing this form _____ *cdidnum*

Date Form Completed ___/___/___ *cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: ___/___/___ *deidnum* *dedate*

Secondary Entered by: _____ Date ___/___/___