



# MR Session Information



CRISP -FORM # 7

Missing Codes:  
A-Participant refused  
B-Reading not possible  
C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed during scan at the participant's clinic visits.

- 1. **Date of Visit:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DVDATE**  
Month Day Year
- 2. **Start Time:** \_\_\_\_\_ : \_\_\_\_\_ (24 hour) **TSTIME**
- End Time:** \_\_\_\_\_ : \_\_\_\_\_ (24 hour) **TETIME**
- 3. **Machine name:** \_\_\_\_\_ **MIDNUM**
- Technologist name:** \_\_\_\_\_ **TIDNUM**
- Radiologist name:** \_\_\_\_\_ **RIDNUM**
- 4. **Series information (see table on page 2)**
- 5. **Contrast Injection:** Duration of contrast injection: \_\_\_\_\_ **CID** seconds Volume: \_\_\_\_\_ **CIV** mL

6. **Adverse events** (enter "None" for Event Description if no adverse events occurred):

Series #	Event Description
<b>NS1-3</b>	<b>ED1-3</b>
_____	_____
_____	_____

7. **Omitted Series** (enter "None" for Reason if no omitted series occurred):

Series #	Reason
<b>OSN1-4</b>	<b>OSR1-4</b>
_____	_____
_____	_____

CRISP Member Completing this form: \_\_\_\_\_ **CMIDNUM** Date form completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **CDDATE**  
Month Day Year

**Contents of form reviewed by Radiologist (signature required):** \_\_\_\_\_

**Date Radiologist signed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **RSDATE**  
Month Day Year

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

Data Entry Person \_\_\_\_\_ **DEIDNUM** Date Form Entered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DEDATE**  
Month Day Year



4. Series information: Accession number: MRAID

\* For regular 3mm or heavy T2, if the kidney is too large to cover in a single breath-hold, use multiple breath-holds but as few breath-holds as possible. Have the 1<sup>st</sup> scan cover the posterior aspect of the kidney and then choose the 'shift-mean (starting point in GE)' of the 2<sup>nd</sup> scan as follows: For example, the 1<sup>st</sup> shift-mean = -60 mm. Number of slices in the 1<sup>st</sup> set = 23. (23-1)x3=66mm. The 2<sup>nd</sup> shift mean = -60 + 66 = 6 mm.

Series ID #	Description/thickness or time (circle one procedure and one thickness/time)					Comments	#Slice	Scan Duration (in seconds)	FOV
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			
	Pre T1	Reg-9mm	Reg-3mm*	T2 FatSat Reg-adj Reg-adj-liver	Heavy-adj*	Post T1 120 180			

SID

DESCR (DSCR)

COM

SN

SD

FOV