



Renal Blood Flow

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 at the participant's clinic visit during the MRI scan.

1. Date of Visit: _____ / _____ / _____ **DVDATE**
Month Day Year

2. Field of View (circle one): 14 cm 16 cm Other, Specify: _____ cm **FOV**

3. Matrix Size (circle one): 512x512 256x256 Other, Specify: _____ **MATS**

4. Renal Blood Flow Measurement in Right Kidney:

Right Renal Artery	Peak Systolic Velocity (cm/sec)	End Diastolic Velocity (cm/sec)	Blood Flow (cc/min)	Min Area (cm ²)	Max Area (cm ²)
1	R1PSV	R1EDV	R1BF	R1A	R1MA
2	R2PSV	R2EDV	R2BF	R2A	R2MA
3	R3PSV	R3EDV	R3BF	R3A	R3MA

5. Renal Blood Flow Measurement in Left Kidney:

Left Renal Artery	Peak Systolic Velocity (cm/sec)	End Diastolic Velocity (cm/sec)	Blood Flow (cc/min)	Min Area (cm ²)	Max Area (cm ²)
1	L1PSV	L1EDV	L1BF	L1A	L1MA
2	L2PSV	L2EDV	L2BF	L2A	L2MA
3	L3PSV	L3EDV	L3BF	L3A	L3MA

6. Total Number of Cardiac Phases measured per RR Interval: _____ **TCPRR**

7. Recorded Heart Rate at time of Exam: _____ **RHR**

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

Contents of form reviewed by Radiologist (required signature): _____

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