



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
visit:

Clinical Center: _____ pccn
Accession ID: _____ accn

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

MR Session Information/Renal Blood Flow Form

This form is to be completed during scan at the participant's clinic visits. It is to be entered promptly and data transferred to the Imaging Analysis Center (AC) right after the scan.

Was an MR Scan done by the Halt Study for this participant visit? scand Yes No
If Yes, enter Halt Accession Number for this visit and STOP _____ haccn
If No, complete this form.

To be used ONLY with the Accession # status change: statch

- 1 This number is tied to a repeat scan for: 1 Kidney kid 2 Liver liv 3 Renal Blood Flow renalbf
2 This accession number WILL NOT BE USED

1.	Date of visit: dvdate	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/							
Start Time: ____:____:____ (24 hour) tstime												
2.	End Time: ____:____:____ (24 hour) tetime											
Machine name: _____ mname												
3.	Technologist name: _____ tidnum											
Radiologist name: _____ ridnum												
4. Series information (see table on page 2) <input type="checkbox"/> N/A (If N/A skip to question 7) seriesInfoNA												
5. Adverse events (enter "None" for Event Description if no adverse events occurred)												
Series #	Event Description											
_____ ns	_____ ed											
_____	_____											
_____	_____											
_____	_____											
_____	_____											
Contents of form reviewed by:												
<input type="checkbox"/> Radiologist (Signature Required) _____ <small>revnames</small>		Date ____/____/____ <small>reddate</small>										
<input type="checkbox"/> Technologist (Signature Required) _____ <small>revnamet</small>		Date ____/____/____ <small>techdate</small>										

6. Renal Scan Series information: **Accession Number:** _____ *mraid*

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

Series #	Name MR Sequence (circle one)					Comments	#of Slices	Duration (seconds)	FOV
<i>sid</i>	<i>descr</i> T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer	<i>com</i>	<i>sn</i>	<i>sd</i>	_____X_____ <i>fov</i> <i>fov</i>
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____
	T2 FatSat 9mm 3mm*	T1 Non-FatSat	FISP/FIESTA/BFFE* Non-FatSat	T2 Non-FatSat Adj-kidney Adj-liver*	Localizer				_____X_____



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MR Session Information

Omitted Series	Reason series was omitted/Unreadable (If Missing Use Next Section)
<i>osn</i>	<i>osr</i>
Missing Series	Reason series was missing
<i>mser</i>	<i>reas</i>

7. Renal Blood Flow Information N/A *renalInfoNA*

7a. Field of view: *fov*
 1 14 x 14 cm 2 16 x 16 cm 3 20 x 20 cm
 4 Other Specify: R ___x___cm *fovr* *fovy*
fovlx L ___x___cm *fovly*

7b. Matrix size: *mats*
 1 256 x 256 2 256 x 224 3 Other Specify: R ___x___cm
marspx *marspy*
 L ___x___cm
malspx *malspy*

7c. Total number of cardiac phases measures per RR interval: _____ *tcpr*
gating 1 **Prospective Gating** 2 **Retrospective Gating**



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7d. Recorded heart rate at the time of the exam: _____ *rhr*

Series#	Comments	# of Slices	VENC*	
			100	If other specify
<i>series</i>	<i>comment</i>	<i>slice</i>	<i>venc</i> <input type="checkbox"/>	<i>oth</i>
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

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: __ __ / __ __ / __ __ __ __ *dedate*
deidnum

Secondary Entered by: _____ Date __ __ / __ __ / __ __ __ __