



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*

Scan Evaluation Form

1. MR Accession Number _____ *accn*

2. Date of Scan: *dvdate*

		/			/				
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(Check all that apply)

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

4. Date Received at IAC: *recdate*

		/			/				
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5. Quality Control Date: *qcondate*

		/			/				
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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: 1 2 3 4 5
kidacep

Comment: _____ *kidcom*

7. Was the protocol followed? Score: 1 2 3 4 5 *kidprot*

Comment: _____ *kidprcom*

8. Is a rescan necessary? *kdres* 0 No 1 Yes



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LIVER

9. Is the quality of the images acceptable? Score: 1 2 3 4 5 *livacep*

Comment: _____ *livcom*

10. Was the protocol followed? Score: 1 2 3 4 5 *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: 1 2 3 4 5 *rbacep*

Comment: _____ *rbcom*

13. Was the protocol followed? Score: 1 2 3 4 5 *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 No 0 Yes
dttrans

Indicate any problem below: _____ *dtprob*