

- 10. a. What was the gating? (1= ECG, 2=Pulse)..... _
- b. What gating method was used? _
 1=Retrospective, as per FHN MRI Core protocol
 2=Prospective

Left Ventricular Function - Cine Short Axis

Note: Items 11 - 34 are not required to be entered into the database.

- 11. Position: 4-chamber view: ... a. Series Number __ __ b. Slice position _____
- 12. Position: Proximal to base: ... a. Series Number __ __ b. Slice position _____
- 13. Position: Base: a. Series Number __ __ b. Slice position _____
- 14. Next: a. Series Number __ __ b. Slice position _____
- 15. Next: a. Series Number __ __ b. Slice position _____
- 16. Next: a. Series Number __ __ b. Slice position _____
- 17. Next: a. Series Number __ __ b. Slice position _____
- 18. Next: a. Series Number __ __ b. Slice position _____
- 19. Next: a. Series Number __ __ b. Slice position _____
- 20. Next: a. Series Number __ __ b. Slice position _____
- 21. Next: a. Series Number __ __ b. Slice position _____
- 22. Next: a. Series Number __ __ b. Slice position _____
- 23. Next: a. Series Number __ __ b. Slice position _____
- 24. Next: a. Series Number __ __ b. Slice position _____
- 25. Next: a. Series Number __ __ b. Slice position _____
- 26. Next: a. Series Number __ __ b. Slice position _____
- 27. Next: a. Series Number __ __ b. Slice position _____
- 28. Next: a. Series Number __ __ b. Slice position _____
- 29. Position: Apex: a. Series Number __ __ b. Slice position _____
- 30. Position: Distal to Apex: a. Series Number __ __ b. Slice position _____

Cine Long Axis

- 31. Position: 3-Chamber View a. Series Number __ __ b. Slice position _____
- 32. Position: 2-Chamber view a. Series Number __ __ b. Slice position _____

Aortic Stiffness

- 33. Position: LV outflow tract: a. Series Number __ __ b. Slice position _____
- 34. Position: Ascending aorta: a. Series Number __ __ b. Slice position _____

35. Username of certified MRI tech who did this MRI. _

Items #36, 200-201 are to be completed by the Study Coordinator.

36. Date shipped to Central MRI Facility(dd/mon/yyyy) ___/___/_____

For DCC Use Only:

199. MRI unreadable per core?..... _____

200. Date DCC notified ___/___/_____

200. Date this form completed (dd/mon/yyyy)..... ___/___/_____

201. Username of person reviewing this form prior to data entry _____

For Clinical Center Use Only:

202. Username of person entering this form: _____

203. Date Entered: (dd/mon/yyyy) ___/___/_____