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Frequent Hemodialysis Network

MRI WALL MOTION SCORE INDEX DATA ENTRY - FORM # 252B

This form is completed by the Cardiac MRI Core Laboratory (CICL) physician who reviews the MRI scan for the wall motion score index and clinical alerts. A staff member from the CICL will enter this into the study database.

1. Participant ID #						2. Alpha Code		3a.Visit Type	3b. Visit Number		4a. Date of MRI: dd/mon/yyyy									

4b. Date wall motion score index measured (dd/mon/yyyy)..... __ __/__ __ __ /__ __ __ __

Segmental Left Ventricular Function

5. Wall motion score index:.....__.__

201. Username of CICL staff member measuring wall motion score index .__ __ __ __ __ __ __ __

202. Username of person entering this form: __ __ __ __ __ __ __ __

203. Date entered: (dd/mon/yyyy) __ __/__ __ __ /__ __ __ __