

Frequent Hemodialysis Network CENTRAL CARDIAC MRI FACILITY CLINICAL ALERTS FORM - FORM #312

This form is to be completed and entered by the Central Cardiac MRI Facility when a clinical alert(s) has been identified.

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1. Participant ID #

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2. Alpha Code

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3. Date of MRI: dd/mon/yyyy

4. Date data received at central facility: (dd/mon/yyyy) ___ / ___ / ___

5. Date data read at central facility: (dd/mon/yyyy) ___ / ___ / ___

6. Username of person reading the cardiac MRI: _____

Clinical Alerts (For items 7-11: 0=No, 1=Yes)

7. Lung mass?

8. Esophageal mass?

9. Cardiac mass?

10. Large pericardial effusion?

11. Other significant clinical finding?

12. Comments: _____

For Central Cardiac MRI Facility Use Only:

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

201. Username of person entering this form: _____

202. Date Entered: (dd/mon/yyyy) ___ / ___ / ___