



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *haltid* Clinical Center: \_\_\_\_\_ *clinic* Date of Session \_\_\_\_/\_\_\_\_/\_\_\_\_  
dsm / dsd / dsy

visit: \_\_\_\_\_ Form was not completed misfrm

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

**RENAL BLOOD FLOW (MRA) FORM**

**Form # 22**

This form is to be completed by the radiology technologist or other designated personnel and reviewed by the radiologist at the time of the MRA. Readings are entered and averaged for each artery. The form is to be entered promptly and data transferred to the Imaging Analysis Center (IAC) right after the scan.

1. Field of view: *fov* 0  14 cm 1  16 cm 2  Other specify \_\_\_\_\_ cm *fovthx*

2. Matrix size: *mats* 0  512 x 512 1  256 x 256 2  Other specify \_\_\_\_\_ *matrso*

3. Total number of cardiac phases measures per RR interval: \_\_\_\_\_ *crdnum*

Gating Type: *gating* 0  Prospective Gating 1  Retrospective Gating

4. Recorded heart rate at the time of the exam: \_\_\_\_\_ *hrtrt*

Series #	Comments	# of Slices	VENC*
<i>rbfs1</i>	<i>rbfc1</i>	<i>rbfn1</i>	
<i>rbfs2</i>	<i>rbfc2</i>	<i>rbfn2</i>	
<i>rbfs3</i>	<i>rbfc3</i>	<i>rbfn3</i>	
<i>rbfs4</i>	<i>rbfc4</i>	<i>rbfn4</i>	
<i>rbfs5</i>	<i>rbfc5</i>	<i>rbfn5</i>	
<i>rbfs6</i>	<i>rbfc6</i>	<i>rbfn6</i>	
<i>rbfs7</i>	<i>rbfc7</i>	<i>rbfn7</i>	
<i>rbfs8</i>	<i>rbfc8</i>	<i>rbfn8</i>	
<i>rbfs9</i>	<i>rbfc9</i>	<i>rbfn9</i>	
<i>rbfs10</i>	<i>rbfc10</i>	<i>rbfn10</i>	

\*VENC = Velocity Encoding

6. RBF Whole Form Error: *frmerror* 1  Artery measurements incorrect – no useable data  
 2  Operator error in RBF scan

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HALT PKD staff member completing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month cdm Day cdd Year cdy

Reviewed by Radiologist (signature required): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ *deidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ dem / ded / dey