

SPIROMICS-HF MRI PRE-COMPLETION FORM

ID NUMBER: FORM CODE: MRI VERSION: 1.0 10/2/2020 Event:										
0a) Date of Completion:										
<u>Instructions</u> : This form should be completed before the MRI testing for SPIROMICS-HF. Before starting this form, confirm eligibility for MRI by reviewing the MRI Exclusion form with the participant and MRI staff.										
Note that all participants are selected for gadolinium administration but some will refuse and some will be ineligible for gadolinium administration as outlined below. In these cases, the MRI should be performed without gadolinium.										
All participants are also selected for metronome breathing but some will refuse and some will be ineligible as outlined below. In these cases, the MRI +/- gad should be performed without the metronome breathing portion.										
Assessment for Gadolinium (to be completed prior to MRI)										
 Instructions: The participant's consent response from the HCT form will populate in CDART. 1) Did the participant consent to receive gadolinium? □ No₀ → Go to 4 □ Yes₁ □ Not applicable to my site's informed consent form₂ 										
 1a) Does the participant have a history of <u>serious</u> kidney or liver disease? No₀ Yes₁ → Participant is ineligible for gadolinium; Go to 4 										
 1b) Is the participant allergic to gadolinium? ☐ No₀ ☐ Yes₁ → Participant is ineligible for gadolinium; Go to 4 										
<u>Instructions</u> : Review the values for 2a-2c below. If the calculated eGFR result is >60 mL/min/1.73m², the result is valid for one month. If the calculated eGFR is ≥45-≤60, the result is valid for two days. If the previous result is no longer valid or if point-of-care eGFR is provided, conduct the test and update the values below.										
<u>Instructions</u> : On first load in CDART, previous creatinine test date and result will display. If the test has been repeated, enter the new date and value below.										
2a) Date of creatinine/eGFR test: / / mm/dd/yyyy										
2b) Creatinine: mg/dL										
<u>Instructions</u> : "Save and Reload" the form to calculate eGFR based on the current value in 2b.										
2c) Calculated eGFR: mL/min/1.73m ²										

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3) Is the eGFR <45? ☐ No₀ ☐ Yes₁ → Participant is ineligible for gadolinium; Go to 4												
4)	 Is the participant willing and eligible to receive gadolinium? No₀ → Proceed with MRI WITHOUT gadolinium Yes₁ → Proceed with MRI WITH gadolinium 											
Ba	aseline Assessme	ent (t	o be o	omple	eted p	orior to MRI)						
5)	Systolic blood pre	ssure	∋:				mmHg					
6)	Diastolic blood pre	essur	e:				mmHg					
7)	Oxygen saturation	า:										
8)	Heart rate:						bpm					
9)	EKG Heart Rhythi Normal Sinus F Atrial-fibrillation Other ₃	Rhyth	-	nate b	ased	on MRI leads):						
10	l) Is supplemental of the No ₀ → Go to 1 □Yes ₁ 10a) How man	1				ng MRI?						
As	ssessment for Me	tron	ome E		ing (te	o be completed prior to MRI)						
11) Is the participan	t willi	ing to	do the	Metro	nome Breathing?						
		4										
12	Were there any months?	card	iovasc	ular ev	ents ((MI, unstable angina, or HF events)	or stable angina in the last 3					
	☐ No ₀											
	☐ Yes₁ → Partic	cipar	nt is ir	eligib	le for	Metronome Breathing; Go to 14						
13	· _ · _ ·					at rest? (with or without supplemer Metronome Breathing; Go to 14	ntal oxygen use)					

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 14) Is the participant willing and eligible to perform Metronome Breathing? □ No₀ → Proceed with MRI WITHOUT Metronome Breathing 													
	Yes₁→ Proceed with MRI WITH Metronome Breathing												
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<u>Instructions</u>: SPIROMICS staff must provide the MRI technician with a paper copy of the MRI Tech Completion Form (MRT) with the participant ID, Gender, Height, Weight, and Age filled out. The MRI technician will complete the rest of the MRT form. SPIROMICS staff are responsible for scanning and transmitting the MRT form to the MRI Reading Center.

END OF FORM