



SPIROMICS-HF MRI TECH COMPLETION FORM

ID NUMBER:

FORM CODE: MRT
VERSION: 2.0 02/24/2021

Event: _____

0a) Date of Completion / / 0b) Staff Code

0c) Clinic _____

Instructions: To be completed by the MRI Technologist.

1) MRI Date / /

2) Gender

Male₁

Female₂

3) Height . cm

4) Weight . kg

5) Age years

6) MRI Technologist ID

7) MRI Technologist Initials

Gadolinium Injection

8) Dotarem administered?

No₀

Yes₁ → **Go to 8b**

8a) If No, reason why?

Refused₁

No IV access₂

Technical problems₃

Other₄

8a1) If Other, explain: _____

8b) If Yes, Dotarem dose? ml

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

MRI Protocol

- 9) 3 Plane Scout Series # _____
- 10) Axis Scout Series # _____
- 11) PVLA Scouts Series # _____
- 12) SA Scout Series # _____
- 13) SA Cine Series # _____
- 14) LA Cine Series # _____
- 15) MOLLI T1 PRE Series # _____
- 16) PREFUL Series # _____

17) Time 1: : AM₁ / PM₂

*Enable if Dotarem was administered.

MRI Protocol (continued)

18) TWIST/TRICKS Series # _____

19) Time 2: : AM₁ / PM₂

*Enable if Dotarem was administered.

MRI Protocol (continued)

- 20) 4D Flow Series # _____
- 21) TI Scout Series # _____
- 22) LGE 2D FGRE SA Series # _____
- 23) LGE 2D FGRE LA Series # _____
- 24) MOLLI T1 POST Series # _____
- 25) Metronome IVC Flow Pre Series # _____

ID NUMBER:								
------------	--	--	--	--	--	--	--	--

FORM CODE: MRT
VERSION: 2.0 02/24/2021

Event: _____

26) Metronome IVC Flow Post Series # _____

27) Metronome MPA Flow Pre Series # _____

28) Metronome MPA Flow Post Series # _____

29) Comments

END OF FORM