

PROHIBIT-ICH TRANSMITTAL FORM

NOTIFICATION OF MRI SCANS SENT TO UCL

Email this form to the PROHIBIT-ICH Trial Coordinator prohibit-ich@ucl.ac.uk

Senders name:	Site number:
MRI Centre name:	
Date sent:	Sender's phone number/email address:

<u>Details of Scan sent</u>			
Subject number	Subject's Birth year (yyyy)	MRI Visit (Baseline, month 12)	Exam date (dd/mm/yyyy)

Comments:

For UCL MRI core lab use only:

PROHIBIT-ICH MRI QA FEEDBACK

Results of MRI QA Assessment PASS <input type="checkbox"/> Adequate image quality. Scan has been accepted. No repeat exam necessary
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Results of MRI QA Assessment FAIL <input type="checkbox"/> Scan has been rejected – please see below for instructions as to action required.

Upon review of MRI data, the following Data Quality Issues were found:
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	3D T1	3D FLAIR	DTI	3D SWI	Axial T2	ASL (opt)
Recall subject and rescan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>