**PROHIBIT-ICH TRANSMITTAL FORM**

**NOTIFICATION OF MRI SCANS SENT TO UCL**

**Email (**[**shahena.butt@ucl.ac.uk**](mailto:shahena.butt@ucl.ac.uk)**) this form to the PROHIBIT-ICH Trial Office**

|  |  |
| --- | --- |
| **Senders name:** | **Site number:** |
| **MRI Centre name:** | |
| **Date sent:** | **Sender’s phone number/email address:**   |  | | --- | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Scan sent** | | | |
| **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**

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| Results of MRI QA Assessment  **PASS** Adequate image quality. **Scan has been accepted.** No repeat exam necessary |

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| Results of MRI QA Assessment  **FAIL** 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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **3D T1** | **3D FLAIR** | **DTI** | **3D SWI** | **Axial T2** | **ASL (opt)** |
| Recall subject and rescan |  |  |  |  |  |  |
| Resend |  |  |  |  |  |  |