**PROHIBIT-ICH TRANSMITTAL FORM**

 **NOTIFICATION OF MRI SCANS SENT TO UCL**

**Email (****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:**

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| **Details of Scan sent** |
| **Subject number** | **Subject’s Birth year****(yyyy)** | **MRI Visit****Baseline, month 12** | **Exam date****(dd/mm/yyyy)** |
|  |  |  |  |

**Comments:**



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| *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 |  |  |  |  |  |  |