

**Multi-Ethnic Study of Atherosclerosis  
Exam 4**



**Arterial Wall MRI Completion**

**\* Name field:**

**\*Important:** Always enter into scanner as follows:

M . E . S . A . # . # . # . # . # . # . A . C . R . O . S . T . I .

Mesa ID#

Acrostic

--	--	--	--	--	--	--	--

Clinic: \_\_\_\_\_

- 3 - Wake Forest
- 4 - Columbia
- 5 - Johns Hopkins

- 6 - Minnesota
- 7 - Northwestern and Loyola
- 8 - UCLA

**Transcribe from participant visit records:**

Age:        Date of Birth:  /  /

Height:  .  cm.

male     female

Weight:  .  lb

Hispanic     Chinese  
 Black         White

**1 Was MRI completed?**

YES → Date of MRI:  /  /   
Month                      Day                      Year

- NO → Indicate reason and then skip to #7
- Scanner malfunction
  - Refused
  - Claustrophobia
  - Ill
  - Ineligible
  - Physically unable
  - Other:

**2 Type of scanner:**     GE     Siemens

**3 Series Description**

Series Description	Series	# of images	image number
3D MRA RCA	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Wall RCA #1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall RCA #2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall RCA #3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall RCA #4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall RCA #5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Check here if same MRA used for LCA as RCA

Series	# of images	image number
3D MRA LCA	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall L main	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall LAD #1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall LAD #2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall LAD #3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall LAD #4	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall LAD #5	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall CX #1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall CX #2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Wall CX #3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**4 Ending heart rate:**

**5 Exam #:**

**6 Were any abnormalities noted?**  
 Yes     No  
 ↓  
 Specify:

**7**           
 Primary MRI Tech. ID    Reviewer ID#    Data Entry ID#

**TECH COMMENTS FOR R.C. →**