Multi-Ethnic Study of Atherosclerosis	* Name field: *Important: Always enter into scanner as follows:		
Exam 5	M, E, S, A, #, #, #, #, #, #, A, C, R, O, S, T, I, Mesa ID# Acrostic		
Mesa	wiesa id#		
MRI Completion	4 - Columbia 7 - Northwestern and Loyola 5 - Johns Hopkins 8 - UCLA		
Transcribe from participant visit records: Age Height: cm. Weight:	Ibs O Male O Female Creatinine: O Hispanic O Chinese O Black O White eGFR:		
1. Was MRI completed?	Number Number of Series of slices images		
	PC RPA		
O Yes - / Date of MRI:	PC LPA		
O No - Indicate reason and then skip to MRI Tech ID	Number Number of Series of slices images		
O scanner malfunction O refused:	Short axis		
O claustrophobia	perfusion test		
O ill O ineligible O physically unable	Gd ose ml cc/sec time		
O other:	Short axis perfusion		
2. Type of scanner:	Number Number of		
O GE O Siemens	Series of slices images		
3. Series description:	Pulmonary perfusion test		
Number Number of <u>Series of slices images</u>	Gd ose ml cc/sec time		
3 plane scout Pseudo vertical long	Pulmonary perfusion		
axis scout - SSFSE HLA cine:	Number Number of Series of slices images		
PC TR PG	3D chest inspiration		
MPA cine	3D chest expiration		
PC MPA	SA cine SA cine		
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Series description:		Number	Number of	5. Was gadolinium administered?
	<u>Series</u>	of slices	<u>images</u>	O Yes O No → Indicate reason and then skip to question 7
VLA cine				o scanner/pump malfunction
TI SCOUT				O refused
SA GRE DE				O unable to obtain IV access o ineligible
				O other: Specify
HLA gradient DE				6. Codelinium tunos
VLA gradient DE				6. Gadolinium type:
* R IPV flow				O Magnevist O Other:
* R SPV flow				Specify
* L IPV flow				7. Were there any abnormalities of immediate concern?
				O Yes →
* L SPV flow				O No Specify
* optional				
4. Exam Number:		-		
TECH COMMENTS F	FOR R.C.			
Reviewer ID):		MRI Tech ID:	Data Entry ID:

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