Multi-Ethnic Study of Atherosclerosis
Exam 5

Mesa

MRI Completion

Acrostic

Mesa ID#

* Name field:

*Important: Always enter into scanner as follows:

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

Clinic:

3 - Wake Forest	6 - Minnesota
4 - Columbia	7 - Northwestern and Loyola
5 - Johns Hopkins	8 - UCLA

Transcribe from participant visit records:

Age   Height: [.] cm.   Weight: [.] lbs

O Male   O Female

O Hispanic   O Chinese
O Black   O White

Serum Creatinine [.]

eGFR

Participant selected, eligible, and consented to gadolinium   **YES   NO   ELIGIBILITY PENDING** (Please circle)

1. Was MRI performed?

O Yes ➤ [ ] / [ ] / [ ]
Date of MRI:

O No ➤ *Indicate reason and then skip to MRI Tech ID*

  O scanner malfunction
  O refused: [ ] Specify
  O claustrophobia
  O ill
  O ineligible (conflict with MRI safety)
  O physically unable
  O other: [ ] Specify

2. Was gadolinium administered?

O Yes

O No ➤ *Indicate reason*

  O scanner/pump malfunction
  O refused
  O unable to obtain IV access
  O ineligible
  O other: [ ] Specify

3. Type of scanner:

  O GE   O Siemens

4. Exam Number:

5. Common Protocol

Series		Number of slices	Number of images
Scout			
Pseudo vertical long axis			
Cine 4 Chamber			
Horizontal tag cine			
Vertical tag cine			
Pre-contrast T1 mapping (MOLLI)			

6. Administer Gd *(if selected and consented)*

GD Magnevist [ ] ml [ ] cc/sec [:] time
*(record **from scanner** in military time)*

dose   rate

7. Common Protocol (cont.)

Series		Number of slices	Number of images
Short axis cine			
Cine 2 chamber			

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8. Specific Protocol:

Protocol without Gadolinium			
	Series	Number of slices	Number of images
Cine 4 chamber (FGRE)			
Short axis cine (FGRE)			
Cine 2 chamber (FGRE)			

Protocol with Gadolinium			
	Series	Number of slices	Number of images
Short axis delay			
Post-contrast T1 mapping (MOLLI) (12 minutes)			
Post-contrast T1 mapping (MOLLI) (25 minutes)			
4 chamber delay (FGRE)			
2 chamber delay (FGRE)			

9. Extra Protocol:

Blood Pressure [ ][ ][ ] Systolic [ ][ ][ ] Diastolic

	Series	Number of slices	Number of images
Aorta Phase Contrast			

10. Were there any abnormalities of immediate concern?

○ Yes → [_____]
○ No   Specify

TECH COMMENTS FOR R.C.

[_____]

Reviewer ID	MRI Tech ID	MRI Tech Initials	Data Entry ID
[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]