$\overline{\mathbf{O}}$		Р	Participant ID #:
Brain MRI Complet		orm	Technician ID: Date: Date: Month Day Year
1. Participant ID:     3. MRI Tech ID:			Month Day Year
4. Was the scan: O Completed O Attempted but not co		<b>Go to Q5</b> d	
O Not attempted —			<ul> <li>MRI scan technical issues</li> <li>MRI scan technical issues</li> <li>Claustrophobia</li> <li>Difficulty breathing</li> <li>Pain/discomfort</li> <li>Cipant withdrew consent</li> <li>Other, specify:</li> </ul>
5. Were all MRI protocol imag	ing sequ	(refer □ Failed □ Othe	cipant called to reschedule r to MESA Coordinator) d eligibility criteria, specify: r, specify: ained for the following components of the exam?
3DT1 3D FLAIR	No O	Yes O	If NO, reason:
3DT2 DTI	0 0 0	0 0 0	
ASL Bold Resting	0 0	0 0	
Bold Breath hold Breath hold compliant SWI	0 0 0	0 0 0	
Dixon Other	0 0	0 0	
Comments:			
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