



Exam 7

Brain MRI Acquisition

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

1. Participant Name: _____ Participant ID: _____

MESA MRI consent received

2. MRI tech ID: _____

3. Date of MRI scan: / /
Month Day Year

4. Was the scan:

- Completed → **Go to Q5**
- Attempted but not completed →
- Not attempted

Why?

- Participant did not show up
- Participant withdrew consent
- Participant called to reschedule (refer to MESA-MIND Coordinator)
- Failed eligibility criteria
- Other, specify: _____

Why?

- Participant related issues →
- MRI scan technical issues

Describe:

- Claustrophobia
- Difficulty breathing
- Pain/discomfort
- Other, specify: _____



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5. Were all MRI protocol imaging sequences obtained for the following components of the exam?

	No	Yes	If NO, reason:
3D T1	<input type="radio"/>	<input type="radio"/>	_____
3D FLAIR	<input type="radio"/>	<input type="radio"/>	_____
3D T2	<input type="radio"/>	<input type="radio"/>	_____
3D ASL	<input type="radio"/>	<input type="radio"/>	_____
DTI 30 dir	<input type="radio"/>	<input type="radio"/>	_____
BOLD Rest	<input type="radio"/>	<input type="radio"/>	_____
BOLD Breath Hold	<input type="radio"/>	<input type="radio"/>	_____
Breath hold compliant	<input type="radio"/>	<input type="radio"/>	_____
QSM/SWI	<input type="radio"/>	<input type="radio"/>	_____
Dixon-T1 Vibe of tongue	<input type="radio"/>	<input type="radio"/>	_____
<i>Wake Forest Only:</i>			
PCASL R>>L	<input type="radio"/>	<input type="radio"/>	_____
PCASL L>>R	<input type="radio"/>	<input type="radio"/>	_____
PCASL breath hold	<input type="radio"/>	<input type="radio"/>	_____

6. Date of transmission of MRI scan: / /
 Month Day Year

7. The following alert was reported by the brain MRI Reading Center:

List alert reported in the Brain MRI Alerts Form or None

Was the alert reported to the Participant?

Yes → Date: / /
 No
 Month Day Year

Comment: _____