



MRI PROCEDURE COMPLETION FORM

ID NUMBER:

FORM CODE:

M	P	C
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DATE: 9/1/2018
Version 2.0

Instructions: This form is completed for each participant eligible for the MRI study.

ADMINISTRATIVE INFORMATION:

0a. Form Completion Date: / /
Month Day Year

0b. Staff Code:

1. Was the MRI performed?

- 1 Yes, Completed **GO TO QUESTION 2**
- 2 Attempted, but incomplete
- 3 Not attempted **GO TO QUESTION 1b**

1a. Reason attempted but incomplete:

- 1 Claustrophobia **GO TO QUESTION 2**
- 2 Other

1a1. If other, specify: _____ **GO TO QUESTION 2**

1b. Reason not attempted:

- 1 No show **SAVE & CLOSE FORM**
- 2 Rescheduled **SAVE & CLOSE FORM**
- 3 Refused to sign informed consent form **SAVE & CLOSE FORM**
- 4 Other

1b1. If other, specify: _____ **SAVE & CLOSE FORM**

2. MRI Date: / /
Month Day Year

3. Was the Vascular protocol/sequence performed?

- 1 Vascular
- 2 No vascular

4. Study code (refer to MPC QxQ for a list of study codes).