



MRI REPORT AND REFERRAL FORM

ID NUMBER:

FORM CODE: MRR

DATE: 11/15/2011
Version 2.0

Instructions: This form is completed by the MRI Reading Center to document pathology notification and to notify the field centers of conditions seen on the MRI scan that need to be brought to the attention of the participant and their physician. An alert report is generated by the field centers once a notification is entered into the Data Management System.

ADMINISTRATIVE INFORMATION

0a. Read Date: / /
Month Day Year

0b. Reader ID code:

0c. ACROSTIC:

1. Scan date / /
M M D D Y Y Y Y

REASON FOR REPORT AND REFERRAL

(Y or N)

- 2. Immediate alerts → **If no, go to Item 3**
 - 2a. Acute hemispheric cerebral infarction
 - 2b. Significant space occupying lesion – i.e., tumor
 - 2c. Acute subdural or epidural hematoma
 - 2d. Subarachnoid hemorrhage
 - 2e. Acute intraparenchymal hematoma
 - 2f. Acute infarct
 - 2g. Abscess
 - 2h. Obstructive hydrocephalus
- 3. Physician notification recommended → **If no, go to Item 4**
 - 3a. Subacute infarct
 - 3b. AV malformation
 - 3c. Benign tumor with no mass effect
 - 3d. Communicating hydrocephalus
 - 3e. Aneurysm

(Y or N)

4. Routine notification – minor or chronic → **If no, go to Item 5**

4a. Old infarct.....

4b. Lacunar infarcts

4c. Microhemorrhage(s).....

5. Routine notification – normal → **If no, go to Item 6**

5a. White matter ischemia

5b. Atrophy

6. Other..... → **If no, go to Item 7**

6a. Immediate alert

6b. Physician notification recommended

6c. Routine notification – minor or chronic.....

6d. Routine notification – normal

6e. Describe other: _____

7. MRI evaluated..... (Y or N)

	Date	a. Notes by (Staff ID)	b. Notes
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			