I. GENERAL INSTRUCTIONS

The MRI Tech Completion Form for SPIROMICS HF (MRT) is to be completed by the MRI Technologist.

SPIROMICS staff will provide the MRI technician with a paper copy of this form with the participant ID, Gender, Height, Weight, and Age filled out. The MRI technician will complete the rest of the form.

SPIROMICS staff are responsible for scanning and transmitting the completed MRT form to the MRI Reading Center as well as entering the form into CDART.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

> ID number: Record the participant ID. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**

0a.   Date of Completion: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b.   Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

0c.   Clinic: Record the name of the clinic where the MRI is performed. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form. If certain items were not completed as part of the participant's MRI, please mark as permanently missing.

MRI (to be completed by the MRI technician)

1)   **MRI Date:** Record the date of the MRI.

2)   **Participant's gender:** Select only one option among the two possible choices. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**
- Select Male if the patient's gender is male.
- Select Female if the patient's gender is female.

3) **Height:** Record the patient's height. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**

4) **Weight:** Record the patient's weight. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**

5) **Age:** Record the patient's age. **This item will be filled out by SPIROMICS staff prior to providing this form to the MRI technician.**

6) **MRI technologist's ID:** Record the MRI technologist's ID.

7) **MRI Technologist's Initials:** Record the MRI technologist's initials.

Gadolinium Injection

8) **Dotarem administration:** Select only one option among the two possible choices.
   - Select No if Dotarem was not administered. [Go to Q8a]
   - Select Yes if Dotarem was administered. [Go to Q8b]

   8a) **Reason for no Dotarem:** Select only one option among the four possible choices.
      - Select 'Participant refused' if the reason was the participant refused.
      - Select 'No IV access' if the reason was there was no IV access.
      - Select 'Technical problem' if the reason was a technical problem.
      - Select 'Other' if there was another reason not listed.

      8a1) **Specify other:** Specify the reason Dotarem was not administered. [Go to Q9]

   8b) **Dotarem dosage:** Record the Dotarem dosage administered.

MRI Protocol

9) **3 Plane Scout Series #:** Record the 3 Plane Scout Series number.

10) **Axis Scout Series #:** Record the Axis Scout Series number.

11) **PVLA Scouts Series:** Record the PVLA Scouts Series number.

12) **SA Scout Series #:** Record the SA Scout Series number.

13) **SA Cine Series #:** Record the SA Cine Series number.

14) **LA Cine Series #:** Record the LA Cine Series number.

15) **MOLLI T1 PRE Series #:** Record the MOLLI T1 PRE Series number.

16) **PREFUL Series #:** Record the PREFUL Series number.

17) **Time of Dotarem injection #1 (skip if no Dotarem administration):** If Dotarem is administered, record the time of the first Dotarem injection.

MRI Protocol (continued)

18) **TWIST/TRICKS Series #:** Record the TWIST/TRICKS Series number.

19) **Time of Dotarem injection #2 (skip if no Dotarem administration):** If Dotarem is administered, record the time of the second Dotarem injection.

MRI Protocol (continued)

20) **4D FLOW Series #:** Record the 4D FLOW Series number.

21) **TI Scout Series #:** Record the TI Scout Series number.

22) **LGE 2D FGRE SA Series #:** Record the LGE 2D FGRE SA Series number.

23) **LGE 2D FGRE LA Series #:** Record the LGE 2D FGRE LA Series number.

24) **MOLLI T1 POST Series #:** Record the MOLLI T1 POST Series number.

25) **Metronome IVC Flow Pre Series # (skip if no Metronome):** Record the Metronome IVC Flow Pre Series number if Metronome Breathing was performed.

26) **Metronome IVC Flow Post Series # (skip if no Metronome):** Record the Metronome IVC Flow Post Series number if Metronome Breathing was performed.

27) **Metronome MPA Flow Pre Series # (skip if no Metronome):** Record the Metronome MPA Flow Pre Series number if Metronome Breathing was performed.

28) **Metronome MPA Flow Post Series # (skip if no Metronome):** Record the Metronome MPA Flow Post Series if Metronome Breathing was performed.

29) **Comments:** Record any comments.

Instructions: A copy of the completed form is to be collected by SPIROMICS staff and submitted to the MRI Reading Center. It will also be entered into CDART by SPIROMICS staff.

END OF FORM