

Do NOT Submit
"Test Image Data Sheet"
 Use only for a reference

You may either complete this form by hand or by computer. To use your computer, **double-click the gray space** and click or type your response. Press "Tab" to move to the next question. All requested information must be provided; **incomplete applications will be returned.**

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

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TEST IMAGE DATA • SYSTEM IDENTIFICATION

1. Scanner serial #: _____ 2. Manufacturer: _____
 3. Model name: _____ 4. Field Strength: _____ Tesla 5. Year manufactured: _____
 6. Person completing form: _____ 7. Telephone: _____ 8. Date: _____

TEST IMAGE DATA • KNOWN, ENHANCING BIOPSY-PROVEN CARCINOMA

1. Exam date: _____ 2. Patient name: _____ 3. ID#: _____ 4. Age: _____
 5. Patient weight, if available: _____ kg 6. Contrast type: _____ 7. Contrast volume: _____ ml
 8. Contrast rate: _____ ml per sec 9. Time delay between end of injection and beginning of the 1st post-contrast series: _____ sec
 10. Reason for exam: _____
(Please include laterality and location of the carcinoma)
 11. Submit only scout/localizer images plus the following 4 sequences. All technical factors below must be completed.

Parameters	T2-Weighted/Bright Fluid Series	Multi-Phase T1-Weighted Series		
		Pre-Contrast T1	Early Phase (1 st) Post-Contrast T1	Delayed Phase (last) Post-Contrast T1
Sequence name/type* <i>(only check "see pre-contrast T1W" if Aurora)</i>	<input type="checkbox"/> see pre-contrast T1W			
Sequence #				
2D or 3D sequence <i>(check one)</i>	<input type="checkbox"/> 2D <input type="checkbox"/> 3D	<input type="checkbox"/> 2D <input type="checkbox"/> 3D	<input type="checkbox"/> 2D <input type="checkbox"/> 3D	<input type="checkbox"/> 2D <input type="checkbox"/> 3D
Slice orientation				
Acquisition time (min, sec)	min, sec	min, sec	min, sec	min, sec
Slice thickness (mm) (not interpolated)	mm	mm	mm	mm
Interslice gap (mm)	mm	mm	mm	mm
Total number of slices				
FOV _{phase-encoding} (mm)	mm	mm	mm	mm
FOV _{frequency-encoding} (mm)	mm	mm	mm	mm
N _p (# of phase-encoding steps)				
N _f (# of frequency-encoding steps)				
# Acquisitions per phase-encoding step (NEX)				
TE (msec)	msec	msec	msec	msec
TR (msec)	msec	msec	msec	msec
Flip Angle (degrees)		degrees	degrees	degrees
TI <i>(only applicable for STIR sequences)</i>	msec <input type="checkbox"/> NA			

***Sequence name/type** – This is the name given by your MRI unit manufacturer for each sequence you use for breast imaging (for example, “SPGR”, “T2 FSE”, “Vibrant”, “Fast STIR”, etc). Sequence names vary with each manufacturer; if you have questions, please contact your manufacturer for assistance.

If you have questions regarding the parameter terms, check the ACR MRI Terminology Glossary at <http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/GlossaryOfMRTerms.pdf>