



Use this form to record the technical factors used for the clinical images.

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- 1. Scanner Serial number: _____
- 2. Manufacturer: _____
- 3. Model name: _____
- 4. Year manufactured: _____

Type of exam: _____ Date of exam: _____

Reason for exam: _____

Age of patient: _____ Approximate weight of patient, if available (kg): _____

Parameter	Sequence 1	Sequence 2	Sequence 3	Sequence 4	Sequence 5	Sequence 6
Sequence name/type						
Sequence #						
Orientation						
Dimension (2D or 3D)						
Slice Thickness (mm)						
Gap (mm)						
FOVp (mm)						
FOVf (mm)						
Np (acquisition phase matrix)						
Nf (acquisition frequency matrix)						
In plane pixel (read)						
In plane pixel (phase)						
Pixel area/voxel volume						
# Acquisitions						
TR						
TE						
Flip Angle						
TI						
B values						
Temporal Resolution (ms) (cine sequences only)						
# Views per Segment (cine sequences only)						
Contrast volume)						
Contrast Rate)						