American College of Radiology
MRI Accreditation Program
1891 Preston White Drive
Reston VA 20191-4397

Phantom Data Form Label here

MRI Phantom – Site Scanning Data Form

Please complete one copy of these data for each MR Magnet being evaluated. Photocopy this blank form for additional magnets. Detailed instructions for scanning the MRI phantom are attached. All information on this data sheet must be accurately specified. Please print or type. Please place your Phantom Data Form Label in the space above. **Return completed form with phantom images.**

1. MR Manufacturer: *check one*

☐ ELS	EIscint	☐ HI	Health Images	☐ OTS	Otsuka	☐ RES	Resonex	☐ TCH	Technicare
☐ FON	Fonar	☐ HIT	Hitachi	☐ PIC	Picker	☐ SIE	Siemens	☐ TOS	Toshiba
☐ GE	GE	☐ IN	Instrumentarium	☐ PHI	Philips	☐ SHI	Shimadzu	☐ OTH	Other

Specify _____

2. Model Name: _____ **3. Serial Number:** _____

4. Software Version: _____ **5. Year Manufactured:** _____

6. Magnetic Field Strength: *check one*
☐ [1]0.2 T ☐ [2]0.3 T ☐ [3] 0.35 T ☐ [4]0.5 T
☐ [5]1.0 T ☐ [6]1.5 T ☐ [7]3.0 T ☐ [99]Other specify

7. Operating Location: *check one*
☐ [6]Fixed ☐ [2]Fixed Trailer ☐ [3]Mobile Trailer ☐ [9]Other specify

Pulse Sequence Acquisition Parameters

In the box below each parameter:
Record actual values if they differ from the prescribed protocol parameters **or**
Place a check mark to indicate use of prescribed parameter.
Fill in **all** *parameters for "Your Site's Axial T1- and T2-weighted Brain Scan."*

	Study	a Pulse Sequence	b TR (ms)	c TE (ms)	d FOV (cm)	e Number of Slices	f Slice Thickness (mm)	g Slice Gap (mm)	h NEX	i Matrix Frequency Direction	j Matrix Phase Direction	k Routine Receive Band-Width (kHz)	l Scan Time (min:sec)
8.	ACR Sagittal locator	Spin Echo	*200*	*20*	*25*	*1*	*20*	*N/A*	*1*	*256*	*256*		*0:56*
								N/A					
9.	ACR Axial T1	Spin Echo	*500*	*20*	*25*	*11*	*5*	*5*	*1*	*256*	*256*		*2:16*
10.	ACR Axial T2 Double-echo	Spin Echo	*2000*	*20/80*	*25*	*11*	*5*	*5*	*1*	*256*	*256*		*8:56*
				/									
11.	Your Site's Axial T1 weighted Brain Scan				*Freq:*	*11*	*5*	*5*					
					Phase:								
12.	Your Site's Axial T2 weighted Brain Scan				*Freq:*	*11*	*5*	*5*					
					Phase:								

13. Scan Options Used on the ACR Spin-echo T1- and T2-weighted Axial Scans: _____

14. Scan Options Used on "Your Site's Axial T1- and T2-weighted Brain Scans:" _____

15. Serial number of phantom used for testing _____

Date of Testing: _____ Testing Performed by: _____ Phone: _____
(Please Print)