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
   - Philips
   - SIE
   - Siemens
   - TOS
   - Toshiba
   - GE
   - GE
   - IN
   - Instrumentarium
   - PHI
   - Shimadzu
   - OTH
   - Other
   Specify

2. Model Name: ____________________________  3. Serial Number: ____________________________


6. Magnetic Field Strength: check one
   - 0.2 T
   - 1.0 T
   - 1.5 T
   - 3.0 T
   - Other specify

7. Operating Location: check one
   - Fixed
   - Fixed Trailer
   - Mobile Trailer
   - 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.”

<table>
<thead>
<tr>
<th>Study</th>
<th>Pulse Sequence</th>
<th>TR (ms)</th>
<th>TE (ms)</th>
<th>FOV (cm)</th>
<th>Number of Slices</th>
<th>Slice Thickness (mm)</th>
<th>Slice Gap (mm)</th>
<th>NEX</th>
<th>Matrix Frequency Direction</th>
<th>Matrix Phase Direction</th>
<th>Routine Receive Band-Width (kHz)</th>
<th>Scan Time (min:sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. ACR Sagittal locator</td>
<td>Spin Echo</td>
<td>200</td>
<td>20</td>
<td>25</td>
<td>1</td>
<td>20</td>
<td>N/A</td>
<td>1</td>
<td>256</td>
<td>256</td>
<td>0:56</td>
<td></td>
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<tr>
<td>9. ACR Axial T1</td>
<td>Spin Echo</td>
<td>500</td>
<td>20</td>
<td>25</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>256</td>
<td>256</td>
<td>2:16</td>
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</tr>
<tr>
<td>10. ACR Axial T2 Double-echo</td>
<td>Spin Echo</td>
<td>2000</td>
<td>20/80</td>
<td>25</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>256</td>
<td>256</td>
<td>8:56</td>
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</tr>
<tr>
<td>11. Your Site’s Axial T1 weighted Brain Scan</td>
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<tr>
<td>12. Your Site’s Axial T2 weighted Brain Scan</td>
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</tbody>
</table>

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)