



1891 Preston White Drive, Reston VA 20191-4397

Magnetic Resonance (MR) Accreditation Program

CLINICAL TEST IMAGE DATA SHEET

Use this form to gather data for the examinations you submit for accreditation or submission for protocol review during a Corrective Action Plan cycle. For accreditation submission you must enter the information into your online testing package. DO NOT SUBMIT THIS FORM. Please note, the online testing package will require patient demographic information not listed on this form. For corrective action protocol submission, confirm NO PHI is entered in the form before submitting for review.

\*\*\*ACR will not accept any form with PHI.\*\*\*

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MRAP # \_\_\_\_\_ Unit # \_\_\_\_\_ Site's MR scanner Serial number: \_\_\_\_\_

MR scanner manufacturer: \_\_\_\_\_ Model name: \_\_\_\_\_

Type of exam: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

Table with 7 columns: Parameter, Sequence 1, Sequence 2, Sequence 3, Sequence 4, Sequence 5, Sequence 6. Rows include parameters like Sequence name/type, 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).