

Phantom Data Form Label here

Small 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

- GE GE/Lunar COH Cohr OTHER Specify _____
 SIE Siemens ONI ONI

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

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

6. Magnetic Field Strength: check one ¹0.2T ²1.0T ⁹⁹Other specify _____

7. Operating Location: check one ⁶Fixed ³Mobile Trailer ⁹Other 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 Knee Scan."

		a	b	c	d	e	f	g	h	i	j	k	l
	Study	Pulse Sequence	TR (ms)	TE (ms)	FOV (cm)	Number of Slices	Slice Thickness (mm)	Slice Gap (mm)	NEX	Matrix Frequency Direction	Matrix Phase Direction	Routine Receive Band-Width (kHz or kHz/pixel)	Scan Time (min:sec)
8.	ACR Sagittal locator	Spin Echo	200	20	12	1	20	N/A	1	192	152		0:32
									N/A				
9.	ACR Axial T1	Spin Echo	500	20	12	7	5	3	1	192	152		1:16
10.	ACR Axial T2	Spin Echo	2000	80	12	7	5	3	1	192	152		5:04
11.	Perform Your Site's Axial T1-weighted Knee Scan On the Phantom				Freq:		5	3					
					Phase:								
12.	Perform Your Site's Axial T2-weighted Knee Scan On the Phantom				Freq:		5	3					
					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 Knee Scans:" _____

Date of Testing: _____ Testing Performed by: _____ Phone: _____

(Please Print)