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
   - 1 0.2T
   - 2 1.0 T
   - 99 Other specify ______________

7. Operating Location: check one
   - 6 Fixed
   - 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 Knee Scan.”

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
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</thead>
<tbody>
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<tr>
<td>Study</td>
<td>Pulse</td>
<td>Sequence</td>
<td>TR (ms)</td>
<td>TE (ms)</td>
<td>FOV (cm)</td>
<td>Number of Slices</td>
<td>Slice Thickness (mm)</td>
<td>Slice Gap (mm)</td>
<td>NEX</td>
<td>Matrix Frequency Direction</td>
<td>Matrix Phase Direction</td>
<td>Routine Receive Band-Width (kHz or kHz/pixel)</td>
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<tr>
<td>ACR Sagittal locator</td>
<td>Spin Echo</td>
<td>200</td>
<td>20</td>
<td>12</td>
<td>1</td>
<td>20</td>
<td>N/A</td>
<td>1</td>
<td>192</td>
<td>152</td>
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<td>ACR Axial T1</td>
<td>Spin Echo</td>
<td>500</td>
<td>20</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>192</td>
<td>152</td>
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<tr>
<td>ACR Axial T2</td>
<td>Spin Echo</td>
<td>2000</td>
<td>80</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>1</td>
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<td>11.</td>
<td>PerformYour Site’s Axial T1-weighted Knee Scan On the Phantom</td>
<td>Freq:</td>
<td>5</td>
<td>3</td>
<td>Phase:</td>
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<td>12.</td>
<td>PerformYour Site’s Axial T2-weighted Knee Scan On the Phantom</td>
<td>Freq:</td>
<td>5</td>
<td>3</td>
<td>Phase:</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 Knee Scans:” ______________

Date of Testing: ______________ TestingPerformed by: ______________ Phone: ______________