

BABY HUG FOLLOW-UP STUDY II

MRI/MRA PERFORMANCE

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: _____ 2. Current Clinic: _____
SUBJECT_ID **SITE_ID**
3. Patient's Letter Code: _____ **LETTER_CD**
4. Visit Date:: _____ - _____ - _____
VISIT_DT Month Day Year

PART II: EQUIPMENT AND QUALITY

1. Equipment: _____ **MRIMRA_EQPT**

2. MRI Film Label **MRI_LBL**

3. MRA Film Label **MRA_LBL**

4. Scan Quality **MRIMRA_QUALITY**
- | | |
|------------------------------------|-----|
| Excellent | (1) |
| Slight Artifact/Motion, Adequate | (2) |
| Severe Artifact/Motion, Inadequate | (3) |

PART III: TECHNICIAN INFORMATION

1. Technician Name: _____ **TECH_NM**

2. Signature: _____ **SIGNATURE**

ID Number				Visit			-	Seq	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

