MRI READING

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: [ ][ ][ ][ ] ID
2. Current Clinic: [ ][ ] SITE
3. Patient's Letter Code: [ ][ ][ ] INITS
4. Visit: [ ][ ][M] VISIT - [ ][ ] Reader # SEQNO
5. Film Date: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] VIS_DT
   Month Day Year

PART II: TO BE COMPLETED BY READER

1. Reader [Last Name]: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] RDR81
2. Date read: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] RDR81_DT
   Month Day Year
3. Film Label MRI_LBL [ ][ ][ ][ ][ ]
4. SCAN QUALITY QUAL81
   - Excellent (1)
   - Slight Artifact/Motion, Adequate (2)
   - Severe Artifact/Motion, Inadequate (3)
5. VOLUMETRICS (Final assessment): VOLUM81
   - Acceptable (1)
   - Acceptable after reprocessing (2)
   - Unacceptable after reprocessing (3)
   - Not assessed (4)
6. CURRENT READING STATUS: STATUS 81
   - Scan is acceptable and reading is complete (1)
   - Scan is being returned for reprocessing before reading can be performed (2)
   - Scan is unacceptable and reading will not be completed (3)

   A. If (2) or (3), Form 80 submitted? F80II5A (1) Yes (2) No
7. GENERAL APPEARANCE (MARK ONE): ATROPHY

No atrophy	(1)
Atrophy	(2)
Equivocal	(3)

If (1), SKIP to Part III.

A. GENERAL: Yes (1) No (2) ATR_GENL

If (2), SKIP to Item 7B.

1. Sulcal: Yes (1) No (2) ATRGSULC

2. Ventricular Yes (1) No (2) ATRGVENT

3 Level of Severity Mild (1) Moderate (2) Severe (3) ATR_SEV

B. FOCAL Yes (1) No (2) ATR_FOCL

If (2), SKIP to PART III.

1. Sulcal Yes (1) No (2) ATRFSULC

2. Ventricular Yes (1) No (2) ATRFVENT

3. Specify Area: _____ FOCAL_SP

ID Number [ ][ ][ ][ ] Visit [ ][ ][ ] - Seq [ ][ ]

PART III: READING

		FINDINGS	Yes (1)	No (2)
1.	DISCREET FINDINGS			

If (2), SKIP to Item 2.

Complete the table for up to 7 lesions using the codes below.

SIDE:	TYPE	SIZE	LOCATION CODES
R = Right	H = Hemorrhage	0 = Small (Punctate) (Few mm)	0 = Frontal
L = Left	I = Infarct	1 = Medium (ovoid) (0.5 - 1.5cm)	1 = Temporal
		2 = Large (geographic) (≥ 1.5cm)	2 = Parietal
			3 = Occipital
			4 = Basal ganglia or Thalamic (caudate, putamen, globus pallidus)
			5 = Capsular/Corona
			6 = Centrum semiovale
			7 = Brain stem
			8 = Cerebellum

		_SID	_TYP	_SIZ	_LC1	_LC2	_LC3	_LC4
	LESION	SIDE	TYPE	SIZE	Location(s) 1st	2nd	3rd	4th
LSNA	A.							
LSNB	B.							
LSNC	C.							
LSND	D.							
LSNE	E.							
LSNF	F.							
LSNG	G.							

ID Number	Visit	Seq
		-

2. VASCULAR REGION OF INFARCT
(Check appropriate sides):

		1. RIGHT YES	1. RIGHT NO	2. LEFT YES	2. LEFT NO	
A. ICC	VRIICC_R	(1)	(2)	(1)	(2)	VRIICC_L
B. ICS	VRIICS_R	(1)	(2)	(1)	(2)	VRIICS_L
C. MCA	VRIMCA_R	(1)	(2)	(1)	(2)	VRIMCA_L
D. ACA	VRIACA_R	(1)	(2)	(1)	(2)	VRIACA_L
E. PCA	VRIPCA_R	(1)	(2)	(1)	(2)	VRIPCA_L

		YES	NO
F. Basilar	VRIBSL	(1)	(2)
G. Anterior border zone	VRIABZ	(1)	(2)
H. Posterior border zone	VRIPBZ	(1)	(2)
I. Centrum semiovale border zone	VRICSB	(1)	(2)
J. Striatum (lenticulostriates)	VRISTR	(1)	(2)

4. BONY CHANGES (Mark One): BONY_CHG

Normal (1) Diffuse thickening (2) Focal Abnormality (3)

A. If (3), Form 80 submitted? (1) Yes (2) No F80III4A

		Yes	No	Cannot grade
5. Other lesions	OTHLESN	(1)	(2)	(3)
A If yes, Form 80 submitted?		(1)	(2)	F80III5A
6. Are DWI films available for this review?		(1)	(2)	DWIFAVAI
A. If yes, Form 80 submitted		(1)	(2)	F80III6A

ID Number [ ][ ][ ][ ] Visit [ ][ ][ ] - Seq [ ][ ]

PART IV: COORDINATION

1. Checked for completeness and accuracy:
   A. Certification number: ☐☐ - ☐☐ CERT_NO
   B. Signature: _____ CERT_SIG
   C. General Comments: GEN_CMNT

ID Number ☐☐☐☐ Visit ☐☐☐ - Seq ☐☐