**SECTION A: GENERAL INFORMATION**

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

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<table>
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</table>

A2. CKiD STUDY VISIT #: __ __

A3. FORM VERSION: 0 6 / 0 1 / 1 3

A4. DATE OF VISIT: ___ ___/ ___ ___/ ___ ___ ___ ___

M M D D Y Y Y Y

A5. Technologist Initials: ___ ___ ___

A6. Is this the first CKiD cardiac MRI for the participant?

Yes………………………………… 1

No………………………………… 2

**SECTION B: MRI STUDY DETAILS**

B1. Field Strength: _______________________

B2. Local Scanner Designation: _______________________

B3. Coil Used (i.e., 32 channel): _______________________

B4. What is your software release? _______________________

B5. Type of Scanner:

<table>
<thead>
<tr>
<th>Scanner Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philips</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siemens</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GE</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Toshiba</td>
<td></td>
<td></td>
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<td>4</td>
</tr>
</tbody>
</table>

B6. Problems with imaging:

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG gating failure</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor imaging quality</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse sequence conflict</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexpected system crash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Dental braces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Unknown artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

i. Please specify: _______________________

**SECTION C: DATA**

C1. Heart Rate at the beginning of the CMR protocol: ___ ___ ___ (beats per minute)
SECTION D: PATIENT PREPARATION

1. ______ MRI safety screening completed
2. ______ Patient used restroom prior to scan
3. ______ Teaching about breath-holding done
4. ______ Connectors for Cardiac coil and ECG in place
5. ______ ECG electrodes attached according to your MRI manufacturer suggestion

SECTION E: CMR PROTOCOL

1. ______ Subject ID and Site number entered correctly on CD/disc
   (no patient name is to be listed on disc or worksheet)

2. ______ MRI CKiD study Completed
   a. ______ Multi-Planar Scout
   b. ______ Axial SSFP of the chest
   c. ______ Cine imaging
      1. ___ Pseudo vertical long axis
      2. ___ Short axis scout
      3. ___ 4-chamber cine
      4. ___ 2-chamber cine
      5. ___ Short axis cine stack
      6. ___ Three-chamber cine

3. ______ Tagged imaging

4. ______ Phase contrast velocity imaging

5. ______ T1 mapping

6. ______ “Alert” protocol followed (if applicable) “Alert” Finding (specify) ______________________________

7. ______ CD/Disc copied and stored.

Shipment Directions for CKID Technologist:

Make a copy of this form. File the copy in the CKID folder.

Mail original form with anonymized DICOM data:

- Attn: Michael Taylor, MD, PhD
- CKiD MRI Data
- CCHMC
- The Heart Institute, ML 2003
- 3333 Burnet Avenue
- Cincinnati, OH  45229
- 513-803-0426
- FedEx slip: Under Payment/Billing Details (“Bill Transportation To”), select “Third Party” & use the FedEx Acct # 3137-9204-8
- For Express Package Service/Service Type, select “FedEx Express Saver”; for International Shipments, select “FedEx Intl. Economy”