

# CARDIAC MRI FORM

## Chronic Kidney Disease in Children (CKiD)

### SECTION A: GENERAL INFORMATION

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

|\_|-|\_|\_|-|\_|\_|\_|

A2. CKiD STUDY VISIT #:

\_\_\_

A3. FORM VERSION:

0 8 / 0 1 / 1 6

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

A7. Weight measurement

\_\_\_ . \_\_\_ (kg)

A8. Height measurement

\_\_\_ . \_\_\_ (cm)

### 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:

Philips.....	1	GE.....	3
Siemens.....	2	Toshiba.....	4

B6. Problems with imaging:

ECG gating failure.....	1	Dental braces.....	5
Poor imaging quality.....	2	Unknown artifacts.....	6
Pulse sequence conflict.....	3	Other.....	7
Unexpected system crash...	4	i. Please specify:	

### SECTION C: DATA

C1. Heart Rate at the beginning of the CMR protocol: \_\_\_\_\_ (beats per minute)

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## 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:**
- **Contact Leah Haddadi at [Lshaddadi@cmh.edu](mailto:Lshaddadi@cmh.edu) for a FedEx slip and it will be emailed to you.**