

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

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A2. Protocol type:

Regular Study Visit..... 0

Post-Dialysis Visit..... 1

Post-Transplant Visit..... 2

A3. CKiD STUDY VISIT #:

A4. FORM VERSION:

0 9 / 1 5 / 1 8

A5. DATE OF VISIT:

___ / ___ / ___
M M D D Y Y Y Y

A6. Technologist Initials:

A7. Is this the first CKiD cardiac MRI for the participant?

Yes..... 1

No..... 2

A8. Weight measurement

___ . ___ (kg)

A9. 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. _____ Images copied to CD and stored. Images labeled with clinical site, patient ID and study date.

Instructions for CKiD Technologist:

Scan this form. Keep the original form for CKiD records. Upload this form and anonymized DICOM images via AMBRA.

Sites are encouraged to upload the files via AMBRA. However, if a site is not set-up to use AMBRA, mail original form with anonymized DICOM data to:

Attn: Josh Germann, RDCS, RDMS
CKiD MRI Data
CCHMC
The Heart Institute, ML 2003
3333 Burnet Avenue
Cincinnati, OH 45229

Contact your CCC for a FedEx slip (if needed) and it will be emailed to you.

For technical questions, contact Josh Germann at joshua.germann@cchmc.org or by phone at 513-636-4926.