Transcribe from participant visit records:

Age: [ ] cm. Weight: [ ] lbs

1. Was MRI completed?
   - Yes ➞ [ ] / [ ] / [ ] Date of MRI:
   - No ➞ Indicate reason and then skip to MRI Tech ID
     - scanner malfunction
     - refused: [ ]
     - claustrophobia
     - ill
     - ineligible
     - physically unable
     - other: [ ]

2. Type of scanner:
   - GE
   - Siemens

3. Series description:
   - 3 plane scout
   - Pseudo vertical long axis scout - SSFSE
   - HLA cine:
   - PC TR PG
   - MPA cine
   - PC MPA

* Name field:
* Important: Always enter into scanner as follows:


Mesa ID# Acrostic

Clinic: 4 - Columbia  5 - Johns Hopkins  6 - Columbia  7 - Northwestern and Loyola  8 - UCLA

<table>
<thead>
<tr>
<th>MRI Series</th>
<th>Number of slices</th>
<th>Number of images</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC RPA</td>
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<tr>
<td>PC LPA</td>
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Short axis perfusion test

Gd ml cc/sec time

Pulmonary perfusion test

Gd ml cc/sec time

3329285136

04/05/2010 (MR)
<table>
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<tr>
<th>Series description:</th>
<th>Number of slices</th>
<th>Number of images</th>
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<td>HLA gradient DE</td>
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<td>VLA gradient DE</td>
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<tr>
<td>* R IPV flow</td>
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<td>* R SPV flow</td>
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<td>* L IPV flow</td>
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<tr>
<td>* L SPV flow</td>
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</tr>
</tbody>
</table>

4. Exam Number: [ ] [ ] [ ]

5. Was gadolinium administered?
   - Yes
   - No → * Indicate reason and then skip to question 7
     - scanner/pump malfunction
     - refused
     - unable to obtain IV access
     - ineligible
     - other: [ Specify ]

6. Gadolinium type:
   - Magnevist
   - Other: [ Specify ]

7. Were there any abnormalities of immediate concern?
   - Yes
   - No → * Specify

TECH COMMENTS FOR R.C.:

Reviewer ID: [ ] [ ] [ ]
MRI Tech ID: [ ] [ ] [ ]
Data Entry ID: [ ] [ ] [ ]

1458285137