



MESA Exam 6

Brain MRI Quality Control Form

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

For review and QC of MRI image data received by the MRI reading center

MRI Sequences	Yes	No	
3DT1	<input type="radio"/>	<input type="radio"/>	_____
3D FLAIR	<input type="radio"/>	<input type="radio"/>	_____
3DT2	<input type="radio"/>	<input type="radio"/>	_____
DTI	<input type="radio"/>	<input type="radio"/>	_____
ASL	<input type="radio"/>	<input type="radio"/>	_____
Bold Resting	<input type="radio"/>	<input type="radio"/>	_____
Bold Breath hold	<input type="radio"/>	<input type="radio"/>	_____
SWI	<input type="radio"/>	<input type="radio"/>	_____
Dixon	<input type="radio"/>	<input type="radio"/>	_____
Other	<input type="radio"/>	<input type="radio"/>	_____

Comments: _____

Was image data reviewed and accepted for analysis?

No

Yes → Date of image receipt: / /
Month Day Year

Date of image review: / /
Month Day Year

Clinical Alert Level — MRI reading center radiologist:

- Level 1
- Level 2
- Level 3
- Level 4

Additional Comments: _____

Date of form completion: / / Date of clinic notification: / /
Month Day Year Month Day Year

MRI RC STAFF ID: MRI RC RADIOLOGIST ID: