Exam 6
Brain MRI Quality Control Form

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

MRI Sequences | Yes | No
--- | --- | ---
3DT1 | o | o
3D FLAIR | o | o
3DT2 | o | o
DTI | o | o
ASL | o | o
Bold Resting | o | o
Bold Breath hold | o | o
SWI | o | o
Dixon | o | o
Other | o | o

Comments: __________________________________________________________

Was image data reviewed and accepted for analysis?

○ No
○ Yes → Date of image receipt: [ ] / [ ] / [ ]

Date of image review: [ ] / [ ] / [ ]

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: [ ] / [ ] / [ ]

MRI RC STAFF ID: [ ] [ ] MRI RC RADIOLOGIST ID: [ ] [ ]