

Place Test Image Data Sheet label here.



1891 Preston White Drive, Reston VA 20191-4397

MRI Accreditation Program Cardiac Module

CLINICAL TEST IMAGE DATA FORM Case #1– Black Blood

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Please print or type. Please record the values shown on the clinical images in the blank below the column headings. Complete one clinical test image data form for each study. After completing the form, place the appropriate label on the upper right hand corner of this form. All information must be accurate.

Please note the following:

If your site routinely performs localizer or scout sequences with your clinical examinations, then include these with your clinical image submission. All patient information annotated on clinical exams will be kept confidential by the ACR.

Sites cannot submit examinations performed on models or volunteers. The images submitted for each individual exam must be from the same patient (i.e., all Black Blood images must be from the same Black blood study).

Black Blood

If site uses rectangular FOV, then enter reduced FOV in appropriate box below

Slice Thickness (mm)	Gap (mm)	FOV phase (mm)	FOV frequency (mm)	Number of pixels (phase matrix)	Number of pixels (frequency matrix)

Values recorded by: _____ Patient ID _____
Name/Position

MR Magnet _____ Tesla _____ Examination Date _____

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