

Use this form to record the technical factors used for the required sequences only. Do not use for additional sequences. Enter info online.

PRIVILEGED and CONFIDENTIAL • PEER REVIEW

Release or disclosure of this document is prohibited in accordance with Code of Virginia 8.01-581.17

1. Scanner Serial number: _____ 2. Manufacturer: _____
 3. Model name: _____ 4. Year installed: _____

Type of exam: _____ Date of exam: _____

Reason for exam: _____

Age of patient: _____ Approximate weight of patient, if available (kg): _____

Parameter	Sequence 1	Sequence 2	Sequence 3	Sequence 4	Sequence 5	Sequence 6
Sequence name/type						
Sequence #						
Slice Orientation						
Acquisition time (min, sec)						
Slice Thickness (mm)						
Gap (mm)						
FOVp (mm)						
FOVf (mm)						
Np (phase matrix) (Do not use interpolation)						
Nf (frequency matrix) (Do not use interpolation)						
Np (reconstruction phase matrix)						
Nf (reconstruction frequency matrix)						
Np (display phase matrix)						
Nf (display frequency matrix)						
# Acquisitions						
TR						
TE						
FA						
TI						
B values						
Temporal Resolution (ms) (cine sequences only)						
# Views per Segment (cine sequences only)						
Contrast volume (if applicable)						
Contrast Rate (if applicable)						