

Phantom Data Form Label here

**Small MRI Phantom – Site Scanning Data Form**

Please complete one copy of these data for each MR Magnet being evaluated. Photocopy this blank form for additional magnets. Detailed instructions for scanning the MRI phantom are attached. All information on this data sheet must be accurately specified. Please print or type. Please place your Phantom Data Form Label in the space above. Return completed form with phantom images.

1. **MR Manufacturer:** *check one*  
 GE GE/Lunar     COH Cohr     OTH    Other: specify \_\_\_\_\_  
 SIE Siemens     ONI ONI
2. **Model Name:** \_\_\_\_\_    3. **Serial Number:** \_\_\_\_\_ specify \_\_\_\_\_
4. **Software Version:** \_\_\_\_\_    5. **Year Manufactured:** \_\_\_\_\_
6. **Magnetic Field Strength:** *check one*     <sup>1</sup> 0.2T     <sup>2</sup> 1.0 T     <sup>99</sup> Other specify \_\_\_\_\_
7. **Operating Location:** *check one*     <sup>6</sup> Fixed     <sup>3</sup> Mobile Trailer     <sup>9</sup> Other specify \_\_\_\_\_

**Pulse Sequence Acquisition Parameters**

In the box below *each* parameter:  
 Record actual values if they differ from the prescribed protocol parameters *or*  
 Place a check mark to indicate use of prescribed parameter.  
 Fill in *all* parameters for "Your Site's Axial T1- and T2-weighted Knee Scan."

		a	b	c	d	e	f	g	h	i	j	k	l
	Study	Pulse Sequence	TR (ms)	TE (ms)	FOV (cm)	Number of Slices	Slice Thickness (mm)	Slice Gap (mm)	NEX	Matrix Frequency Direction	Matrix Phase Direction	Routine Receive Band-Width (kHz)	Scan Time (min:sec)
8.	ACR Sagittal locator	Spin Echo	200		12	1	20	N/A	1	192	152		0:32
									N/A				
9.	ACR Axial T1	Spin Echo	500	20	12	7	5	3	1	192	152		1:16
10.	ACR Axial T2	Spin Echo	2000	80	12	7	5	3	1	192	152		5:04
11.	Perform Your Site's Axial T1-weighted Knee Scan On the Phantom				Freq:		5	3					
					Phase:								
12.	Perform Your Site's Axial T2-weighted Knee Scan On the Phantom				Freq:		5	3					
					Phase:								

13. Scan Options Used on the ACR Spin-echo T1- and T2-weighted Axial Scans: \_\_\_\_\_

14. Scan Options Used on "Your Site's Axial T1- and T2-weighted Knee Scans:": \_\_\_\_\_

Date of Testing: \_\_\_\_\_ Testing Performed by: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please Print)*