

**Transmittal Form Pilot E-ADNI: MRI scans VOLUNTEERS****-PAGE 1-**

**From:** Site Name:  
Investigator Name:  
Fax Number:

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**First scan**

Sample ID (Subject)						Birth date (dd/mmm/yyyy)				Scan date (dd/mmm/yyyy)					
												2	0	0	
<b>Is geometric distortion correction on 3DT1 a 2D or 3D correction?</b> <input type="checkbox"/> 2D <input type="checkbox"/> 3D						<b>Comments about scan:</b> Pilot E-ADNI									
<b>Sequences on CD-ROM:</b> (please fill in series number and range of image numbers for each sequence)															
Sequence						series no.	images	Sequence						series no.	images
Localizer								3D-FLASH (B <sub>1</sub> calibration Head coil)							
3D T1 geometric distortion correction ON B <sub>1</sub> inhomogeneity correction ON								3D-FLASH (B <sub>1</sub> calibration Body coil)							
3D T1 geometric distortion correction ON B <sub>1</sub> inhomogeneity correction OFF								B <sub>0</sub> -map (Dual Gradient Echo)							
3D T1 geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction ON								T2 Dual Echo (TSE/FSE)							
3D T1 geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction OFF								T2 Dual Echo (TSE/FSE) (2)							
								Resting state fMRI (200 EPI volumes)							
3D T1 (2) geometric distortion correction ON B <sub>1</sub> inhomogeneity correction ON								DTI (choose one) <input type="checkbox"/> 6 directions <input type="checkbox"/> 12 directions							
3D T1 (2) geometric distortion correction ON B <sub>1</sub> inhomogeneity correction OFF								ASL (optional)							
3D T1 (2) geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction ON															
3D T1 (2) geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction OFF															

To be filled in by Site

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# Transmittal Form Pilot E-ADNI: MRI scans VOLUNTEERS

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## Second scan

<b>To be filled in by Site</b>	<b>Sample ID (Subject)</b>				<b>Birth date</b> (dd/mmm/yyyy)				<b>Scan date</b> (dd/mmm/yyyy)			
									2 0 0			
	Is geometric distortion correction on 3DT1 a 2D or 3D correction? <input type="checkbox"/> 2D <input type="checkbox"/> 3D				<b>Comments about scan:</b> Pilot E-ADNI							
	<b>Sequences on CD-ROM:</b> (please fill in series number and range of image numbers for each sequence)											
	<b>Sequence</b>			<b>series no.</b>	<b>images</b>	<b>Sequence</b>			<b>series no.</b>	<b>images</b>		
	Localizer					3D-FLASH (B <sub>1</sub> calibr. Body coil)						
	3D T1 geometric distortion correction ON B <sub>1</sub> inhomogeneity correction ON					B <sub>0</sub> -map (Dual Gradient Echo)						
3D T1 geometric distortion correction ON B <sub>1</sub> inhomogeneity correction OFF					T2 Dual Echo (TSE/FSE)							
3D T1 geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction ON					Resting state fMRI (200 EPI volumes)							
3D T1 geometric distortion correction OFF B <sub>1</sub> inhomogeneity correction OFF					DTI (choose one) <input type="checkbox"/> 6 directions <input type="checkbox"/> 12 directions							
3D-FLASH (B <sub>1</sub> calibration Head coil)					ASL (optional)							

<b>To be filled in by Site</b>	<b>Sample ID (Phantom)</b>				<b>3DT1: geometric distortion correction:</b> <input type="checkbox"/> on <input type="checkbox"/> off							
					<b>B1 inhomogeneity correction:</b> <input type="checkbox"/> on <input type="checkbox"/> off							
	<b>Sequence</b>			<b>series no.</b>	<b>images</b>	<b>Sequence</b>			<b>series no.</b>	<b>images</b>		
	Localizer					3D-FLASH (B <sub>1</sub> calibration Head coil)						
3D T1					3D-FLASH (B <sub>1</sub> calibration Body coil)							
					EPI							

<b>To be filled in by IAC</b>	Scan Arrival Date (dd/mmm/yyyy) / /				<b>IAC CD No.</b>						
	<b>Conclusion technical quality:</b> <input type="checkbox"/> Scan accepted <input type="checkbox"/> Scan rejected (see comment)										
	<b>When scan rejected, please:</b> <input type="checkbox"/> Resend <input type="checkbox"/> Rescan										
	comment box technical quality										
	IAC Reviewer Name				Signature				Date (dd/mmm/yyyy)		
								2 0 0			

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