

**Transmittal Form Pilot E-ADNI: MRI scans SUBJECTS**

From: Site Name:
Investigator Name:
Fax Number:

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Sample ID (Subject)	Birth date (dd/mmm/yyyy)				Scan date (dd/mmm/yyyy)					
									2	0
Is geometric distortion correction on 3DT1 a 2D or 3D correction? <input type="checkbox"/> 2D <input type="checkbox"/> 3D				Comments about scan: Pilot E-ADNI						
Sequences on CD-ROM: (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 ₁ calibr. Body coil)							
3D T1 geometric distortion correction ON B ₁ inhomogeneity correction ON			B ₀ -map (Dual Gradient Echo)							
3D T1 geometric distortion correction ON B ₁ inhomogeneity correction OFF			T2 Dual Echo (TSE/FSE)							
3D T1 geometric distortion correction OFF B ₁ inhomogeneity correction ON			Resting state fMRI (200 EPI volumes)							
3D T1 geometric distortion correction OFF B ₁ inhomogeneity correction OFF			DTI (choose one) <input type="checkbox"/> 6 directions <input type="checkbox"/> 12 directions							
3D-FLASH (B ₁ calibration Head coil)			ASL (optional)							

Sample ID (Phantom)	3DT1: geometric distortion correction: <input type="checkbox"/> on <input type="checkbox"/> off									
B1 inhomogeneity correction: <input type="checkbox"/> on <input type="checkbox"/> off										
Sequence	series no.	images	Sequence	series no.	images					
Localizer			3D-FLASH (B ₁ calibr. Head coil)							
3D T1			3D-FLASH (B ₁ calibr. Body coil)							
			EPI							

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