



# Transmittal Form Pilot E-ADNI: MRI scans DUMMY SCAN

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

**To:** Image Analysis Centre  
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Sample ID (Subject)		Birth date (dd/mmm/yyyy)		Scan date (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)					
Sequence	series no.	images	Sequence	series no.	images
Localizer			3D-FLASH (B <sub>1</sub> calibration 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)		

To be filled in by Site

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<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
	<b>Scan Parameters (to be filled in by Site; gray boxes for IAC use)</b>																				
							<b>3DT1</b>	<b>3D-FLASH</b>	<b>T2 dual echo</b>	<b>rs fMRI</b>	<b>DTI</b>										
							<b>Not applicable</b>	<b>Not applicable</b>													

<b>To be filled in by IAC</b>	Scan Arrival Date (dd/mmm/yyyy) / /												IAC CD No.					
	<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																	
	Pilot E-ADNI																	
IAC Reviewer Name						Signature						Date (dd/mmm/yyyy)						
												2 0 0						

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