

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

From: Site Name:
Investigator Name:
Fax Number:

To: **Image Analysis Centre**
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First scan

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						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 calibration Head coil)						
3D T1 geometric distortion correction ON B ₁ inhomogeneity correction ON								3D-FLASH (B ₁ calibration Body coil)						
3D T1 geometric distortion correction ON B ₁ inhomogeneity correction OFF								B ₀ -map (Dual Gradient Echo)						
3D T1 geometric distortion correction OFF B ₁ inhomogeneity correction ON								T2 Dual Echo (TSE/FSE)						
3D T1 geometric distortion correction OFF B ₁ inhomogeneity correction OFF								T2 Dual Echo (TSE/FSE) (2)						
								Resting state fMRI (200 EPI volumes)						
3D T1 (2) geometric distortion correction ON B ₁ inhomogeneity correction ON								DTI (choose one) <input type="checkbox"/> 6 directions <input type="checkbox"/> 12 directions						
3D T1 (2) geometric distortion correction ON B ₁ inhomogeneity correction OFF								ASL (optional)						
3D T1 (2) geometric distortion correction OFF B ₁ inhomogeneity correction ON														
3D T1 (2) geometric distortion correction OFF B ₁ inhomogeneity correction OFF														

To be filled in by Site

-PAGE 1-



Transmittal Form Pilot E-ADNI: MRI scans VOLUNTEERS

-PAGE 2-

Second scan

To be filled in by Site	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				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)							

To be filled in by Site	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 calibration Head coil)						
3D T1					3D-FLASH (B ₁ calibration 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										
	IAC Reviewer Name				Signature				Date (dd/mmm/yyyy)		
								2 0 0			

-PAGE 2-