VU Institute of Imaging Science
MRI Information Worksheet

Please fill out and bring to MRI scan appointments.

Lab Name: ___________________________  Project ID: _________________

Exam Card Name: _______________________

Patch (If any): _________________________

Coil: _________________________  Body part being imaged: _________________

Animal:  Yes  No  If yes, type of animal: __________________________

Contrast:  Yes  No  If yes, amount of contrast/flush: _________________

Imaging volume location and angulation (Ex. AC-PC):

____________________________________________________________________

____________________________________________________________________

Other requirements: __________________________

____________________________________________________________________

____________________________________________________________________

Circle all that apply.

Pulse Ox (PPU)  Respiratory band (Bellows)  Front Projector

Left Button Box  Right Button Box  Rear Projector

Philips Headphones  Stax Headphones  Goggles

Eye Tracker  Power Injector  Gas (reactivity)

*NOTE* when scheduling in CORES, please include: Project ID, Patch (If any), Coil, and any circled item.