

# 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):

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Other requirements: \_\_\_\_\_

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**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.