

# 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: \_\_\_\_\_ Coil: \_\_\_\_\_

Anatomy to be imaged: \_\_\_\_\_ Animal: \_\_\_\_\_

Contrast Rate: \_\_\_\_\_ ml Saline 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)

Cardiac Monitoring

Left Button Box

Right Button Box

Rear Projector

Philips Headphones

Stax Headphones

Goggles

Eye Tracker

Power Injector

Gas (reactivity)