

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):

Other requirements: _____

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)