

SCAN INFORMATION FORM

MRI Dataset Name: _____ **Type of Data:** Living Human Human Phantom Geometric Phantom
Site Name: _____ **Total Duration of Session:** ____h ____min
MRI Operator Name: _____ **Scan Date: (DD-MON-YYYY)** ____ - ____ - ____



Following section: To be completed by **MR technologist**

Use CDIP approved sequences for all CIMA-Q scans. Please review the scan for motion and artifacts. Make sure 3D-T1w and FLAIR are well acquired before scanning following sequences. Re-acquire if necessary. Refer to CIMAQ Manuel Scan procedure for detailed instructions.

LORIS SUPPORTS ONLY CLASSIC DICOM, DO NOT EXPORT DATA IN ANY OTHER FORMAT (i.e ENHANCED DICOM)

Sequences	Acquired ?			Nb of attempts	Comments (e.g. subject woke up, repeated series #, motion)
	Yes	Partial	No		
3D-T1w					
FLAIR					
Dual PD/T2					
T2*					
DTI					
DWI B0 AP					
DWI B0 PA					
Connectivity fMRI					
Activation task					
Bold AP					
Bold PA					
Field Map					

Keep this copy for your own record.