

<Title of Study>

Image Transmittal Form

|  |  |  |
| --- | --- | --- |
| Site ID: | Participant ID: | Visit ID: |
| Tracer: | Protocol: | Scan date: |

|  |  |
| --- | --- |
| Pre-injection activity: | Post-injection activity: |
| Time of administration: | Time of first scan: |
| Comments: | |

|  |  |
| --- | --- |
| Gadolinium contrast agent: |  |
| Batch no.: |  |
| Expiry date: |  |
| Volume injected: |  |
| Comments: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Sequence | Completed | Reviewed | Comments |
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|  |  |  |
| --- | --- | --- |
| Scanned and reviewed by | | |
| Name: | Signature: | Date: |

*Once complete, email a copy to […@...]*

|  |  |  |
| --- | --- | --- |
| Received and processed by | | |
| Name: | Signature: | Date: |