

**INSTRUCTIONS:** Fill out this form if the patient was placed in the MRI scanner even if he/she did not successfully complete the MRI study.

### Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Replaced by blinded subject ID*

subj_id	Blinded subject ID
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*Blinded site ID <created var>*

site_id	Blinded site ID
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A2. Acrostic Identifier \_\_\_\_\_

*Removed to protect privacy*

A3. Date of MRI \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

*Replaced by age*

MRI_AGE	<created var> Age (yrs) of the subject at A3. Date of MRI
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A4. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

*Replaced by age*

COMP_AGE	<created var> Age (yrs) of the subject at A4. Date form completed
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A5. Name and title of person completing form

a. \_\_\_\_\_  
PRINT FULL NAME

b. \_\_\_\_\_  
TITLE

*Removed to protect privacy*

**SECTIONS B AND C TO BE COMPLETED BY CARDIAC MRI LABORATORY CARDIOLOGIST, RADIOLOGIST, OR TECHNOLOGIST**

### Section B: CLINICAL DATA

B1. Height at MRI \_\_\_\_\_ cm

MRI_HT	B1. Height at MRI (cm)
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B2. Weight at MRI \_\_\_\_\_ . \_\_\_\_\_ kg

MRI_WT	B2. Weight at MRI (kg)
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### Section C: VITAL SIGNS AT TIME OF MRI

## Form F14A: Fontan Clinical Assessment at Time of Cardiac MRI

C1. Heart rate while in magnet at  
time of measures \_\_\_\_\_ beats/minute

MRI_HR	C1. Heart rate while in magnet at time of measures (beats/minute)
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C2. Systolic blood pressure \_\_\_\_\_ mmHg

MRI_SBP	C2. Systolic blood pressure (mmHg)
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C3. Diastolic blood pressure \_\_\_\_\_ mmHg

MRI_DBP	C3. Diastolic blood pressure (mmHg)
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C4. Mean blood pressure \_\_\_\_\_ mmHg

MRI_AVBP	C4. Mean blood pressure (mmHg)
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### Section D: MRI COMPLETION STATUS

D1. Did the patient complete the MRI study? YES .....1 (END) NO.....2

COMPLMRI	D1. Did the patient complete the MRI study
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a. Reason MRI not completed:

PATIENT ANXIETY..... 1

SIGNIFICANT IMAGE ARTIFACT(S) DUE TO BIOMEDICAL DEVICE.... 2

OTHER..... 99

1. Specify \_\_\_\_\_

NOMRI_RS	D1a. Reason MRI not completed
NOMRI_SP	D1a1. Specify reason MRI not completed

FORMSTAT_ID	Unique form/subject ID
FORM_ID	4 letter code for the form
VER_ID	1 letter code added to form code to make unique form/version
DESTATUS	Form completion

**PLEASE SEND FORMS F14A, F14C, AND CD WITH MRI TO THE DCC EVEN IF STUDY IS INCOMPLETE.**