**MRI Site Survey**

**Trial Name:**

**Trial Protocol Number:**



**Please return a completed form electronically to the Trial Project Manager:** Give email

**Section 1: Site Imformation**

|  |  |
| --- | --- |
| **Date** | |
|  | |
| **MRI Facility** | | | | |
| Name: | | | | |
| Mailing address: | | | | |
|  | | | | |
| **Principal Investigator** | | | | |
| Name: | | | | |
| Email: | | | | |
|  | | | | |
| **MRI Facility Contact** (please include data transfer/ technical issue contact) | | | | |
| **Name (s)** | | **Email (s):** | | |
| **Telephone number(s)** | |  | | |
|  | | | | |
| **Data Transfer capabilities** | | | | |
| **Can your scanner export data in DICOM format?**  **Yes**  **No** | | **Mode(s) of transfer available in your facility?**  **Secure FTP (via internet)**  **Recordable CD (CD/R)**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | | | | |
| **Scanner Information** | | | | |
| Scanner Manufacturer: | Model: | | | Field Strength: |
| Gradient Set: (if applicable) | Available Head\* Coils:  *\*Change as required* | | | |
| Software Version: | Is a scanner upgrade (hardware/ software) planned:  Yes  No  **If yes, please specify:** | | | |
| Contrast agent brand: | Contrast agent concentration: | | | |
|  | | | | |
| **Study specific imaging requirements** | | | | |
| *This may be required if we need to assess site ability to perform study* | | | | |
|  | | | | |
| Philips: Is your scanner capable of exam cards to a text file?  Yes  No | | | | |
| Sites without pdf capability: Can you capture a screen shot of the scanner console?  Yes  No | | | | |
|  | | | | |
| Is it your local practice to use sedation for any patients unable to complete an MRI exam due to anxiety?  Yes  No | | | | |
|  | | | | |
| **Local quality control procedures** | | | | |
| Regular maintenance performed on your scanner should be documented and filed locally. Please indicate what type of quantitative quality control (QC) documentation your site uses from the list below:  ACR Compliant phantom test results: Yes  No  In-house QC programme using customised phantom test results: Yes  No  Reports provided by your site’s service engineer: Yes  No  Other: **Please specify** | | | | |
| How frequently do you perform QC checks?  ACR test results: Daily  weekly  quarterly  other (please specify)  In-house test results: Daily  weekly  quarterly  other (please specify)  Reports by service engineer: Daily  weekly  quarterly  other (please specify)  Other: Daily  weekly  quarterly  other | | | | |
|  | | | | |