|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Site information** | | | | | | |
| **Site name:** |  | | **Site number:** | |  | |
| **Subject Information** | | | | | | |
| **Subject Identification Number:**  For example: | |  | | | | |
| **Scan date and time of scan:** | |  | | | | |
| **Imaging Information** | | | | | | |
| **Complete all fields that apply: Identify one timepoint per DTF.** | | | | | | |
| **Timepoint:** | | Screening  Day/ week  Day/week  Unscheduled  Other \_\_\_\_\_ | | | | |
| **CT / MRI Images Acquired:** | | e.g. Brain  CTA  Other \_\_\_\_\_ | | | | |
| **Contrast agent:** | | **Type & concentration:** | | | | **Dose:** |
| **Comments/protocol deviations:**  List any problems with the subject scan or any information related to the imaging. | |  | | | | |
| **Completion Information** | | | | | | |
| **Print Name:**  Person completing the form. |  | | **Signature:** | |  | |
| **Phone number:** |  | | **Date:** | |  | |
| **Data Transfer Information:** | | sFTP  Courier  Other \_\_\_\_\_ | | | | |
| **Retain the original data transmittal form with your Imaging Study Materials.** | | | | |
| **Shipping information:** | | **Ship date:** | | **Waybill tracking number:** | | |
|  | | **Shipping contact name:** | | **Shipping contact phone number:** | | |
| **Internal only:** | | **Receipt date:** | | **Passed QC?**  yes  no | | |
| **Comments:** | | | | |

**Form Completed by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signature** |  | **Date** |  |