|  |
| --- |
| **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** |  |