

# **NYSPI MRI**

## **SCAN SESSION INFORMATION**

---

---

Use this form as reference for the RA/Tech for validation. Please do not use subject's names or other PHI, Scan ID only.

**DATE OF SCAN** \_\_\_\_\_

**STUDY NAME** \_\_\_\_\_

**SUBJECT ID** \_\_\_\_\_

## **PRE-SCAN CHECKLIST**

---

---

- **SIGNED CONSENT**
- **COMPLETED METAL SCREENER**
- **PREGNANCY TEST (if applicable)**
- **GADOLINIUM CONSENT (if applicable)**