

MRI REPORT AND REFERRAL FORM- LOCAL

ID NUMBER	::	FC	ORM CODE:	L M R	DATE: 09/23/2019 Version 2.0		
<u>Instructions:</u> To be completed by the local radiologist, for every MRI exam, and <u>entered into CDART on the day of the MRI exam</u> to document pathology identification and to notify the field center PIs of conditions seen on the MRI scan that need to be brought to the immediate attention of the participant and their physician. Conditions requiring immediate attention include either Conditionally Urgent Alerts not reported previously or any Urgent Alerts.							
ADMINISTRATIVE INFORMATION							
0a. Read Date: Ob. Staff ID: Ob. Staff ID:							
RESULTS							
Note: The following incidental findings do not require an alert or physician notification:							
White Atrop	e matter ischemia hy	Old infarcts Lacunar infarcts	Microhem Noncritica		Superficial siderosis Remote bleeds		
	e any alerts presen	t:					
y ☐ Yes N ☐ No END OF FORM							
2. Urgent A	Morte		LOCAL	BRAIN			
•							
			_				
		oidural Hematoma	_	_			
	•	rrhage					
		mal Hematoma					
	ocal Comments (inc		_	_			
					_		

LOCAL BRAIN VASCULAR REPORTED
AT
PRIOR SCAN

3.	Со	Conditionally Urgent Alert				
	a.	Obstructive Hydrocephalus				
	b.	Significant Space Occupying Lesion (ie. tumor)				
	C.	Aneurysm				
	d.	Luminal Occlusion, Dissection, or				
	e.	Local Comments (including location)				