



## SITS OPEN CT/MRI TRANSMITTAL SHEET

### Instructions

- Complete the enrollment ID.
- Check the appropriate box to indicate the visit and type of exam.
- A transmittal form should accompany each CD.
- The form shall be signed by responsible radiologist/technologist.

### Exam information

- Complete date and time of CT/MRI exam using the alphanumeric date format: DD-MM-YYYY, xx:yy (24h clock) (groin puncture time) (initiation of CT/MRI).
- Sign and date the form after checking for completion and accuracy.
- Keep a copy in study records at the study centre.

Enrollment ID:
----------------

<input type="checkbox"/> Baseline	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Unscheduled
-----------------------------------	------------------------------------	--------------------------------------

<input type="checkbox"/> NCCT	<input type="checkbox"/> CCT	<input type="checkbox"/> CTA	<input type="checkbox"/> CTP
<input type="checkbox"/> DWI	<input type="checkbox"/> ADC	<input type="checkbox"/> T2	<input type="checkbox"/> FLAIR
<input type="checkbox"/> T2*	<input type="checkbox"/> T1	<input type="checkbox"/> T1+contrast	<input type="checkbox"/> TOF-MRA
<input type="checkbox"/> T1-MRA (neck)	<input type="checkbox"/> MRP	Other:	

	Date (DD-MM-YYY)	Time (xx:yy)
Initiation CT/MRI		

Date:

Signature/Stamp:

Printed name:

Print legibly and clearly.

Use blue or black ink. Make corrections according to Good Clinical Practice. Complete the study centre section of the form – missing information will slow the processing of subject data.