Data on this form is collected by the Imaging Core Lab (ICL) when an incidental finding(s) has been identified on the cardiac MRI (cMRI). Data is transferred from the ICL to the PVDOMICS database and an email message will automatically be sent to the clinical site.

1. Identification Number
2. Alphacode
3. Date of cardiac MRI (mm/dd/yyyy)

6. Date image received at ICL (mm/dd/yyyy) ..................................................... __ __ / __ __ / __ __ __ __
7. Date data read at ICL (mm/dd/yyyy) .......................................................... __ __ / __ __ / __ __ __ __
8. Username of person reading the cardiac MRI ................................................. __ __ __ __ __ __

Incidental Findings: Please comment on what was found on this cardiac MRI.

9. Tumor (0=No, 1=Yes) .......................................................................................... __
10. Thrombus (0=No, 1=Yes) .................................................................................... __
11. Pericardial effusion (0=No, 1=Yes) ...................................................................... __
12. Other cMRI findings (0=No, 1=Yes, specify in Q13-comments) ............................. __
13. Comments:

14. Has someone at the ICL spoken to someone at the center? (0=no, N/A, 1=yes) ........................................ __

200. Date form completed (mm/dd/yyyy) ............................................................ __ __ / __ __ / __ __ __ __
201. Username of person completing/reviewing completeness of this form ............ __ __ __ __ __ __

ICL Use Only:

Date Form Entered (mm/dd/yyyy) __ __ / __ __ / __ __ __ __
Username of person entering this form __ __ __ __ __ __