1. Magnetic Field Strength of Scanner Used:

[ ]  1.5 T [ ]  3.0 T [ ]  7.0 T [ ]  Other, specify:

1. Name of the scanner manufacturer: [ ]  GE [ ]  Siemens [ ]  Philips [ ]  Canon [ ]  Other, specify:
2. Scanner model name:
3. Scanner software version:
4. Perfusion imaging method: **[ ]**  Dynamic Susceptibility Contrast (DSC) **[ ]**  Arterial Spin Labeling (ASL)
5. For DSC T2\* Perfusion:
6. Name of the IV contrast agent:
7. Dosage: mmol
8. Injection rate: mL/s
9. Sequence: [ ]  Gradient-echo **[ ]**  Spin-echo **[ ]**  Other, specify:
10. Repetition time (TR): ms
11. Echo time (TE): ms
12. Flip angle (degrees):
13. Number of volumes acquired or for how long: volumes, seconds
14. Previous preload contrast injection: [ ]  Yes **[ ]**  No
	* 1. If YES - Amount: (full, half, quarter, etc.)
15. Post processing and analysis:
	* 1. Software used: [ ]  Scanner/manufacturer provided [ ]  Provided by Other, specify:
		2. Software-based leakage correction: [ ]  Yes **[ ]**  No **[ ]**  Unknown
16. Parameter maps created (Select all that apply):

[ ]  Relative cerebral blood volume (rCBV)

[ ]  Relative cerebral flow (rCBF)

[ ]  Time to Peak (TTP)

[ ]  Relative mean transit time (relMTT)

[ ]  Time to maximum (Tmax), seconds:

[ ]  Other, specify:

1. For ASL Perfusion:
2. ASL Scheme: [ ]  pCASL **[ ]**  PASL **[ ]**  Other, specify (rare):
3. 2D or 3D acquisition:
4. Acquisition: [ ]  Spiral **[ ]**  EPI **[ ]**  3D GRASE **[ ]**  Other, specify:
5. Phase**: [ ]**  Single phase [ ]  Multiphase
	* 1. If Single phase, Inversion time/post labeling delay: ms
		2. If Multiphase, number of phases:
6. Labeling pulse duration: ms
7. Crusher gradient used: [ ]  Yes **[ ]**  No **[ ]**  N/A **[ ]**  Unknown
8. Post processing and analysis:
	* 1. Software used: [ ]  Scanner/manufacturer provided [ ]  Provided by: [ ]  Other, specify:
		2. Quantitative: [ ]  Yes **[ ]**  No **[ ]**  Unknown
9. Parameter maps created (select all that apply):

[ ]  Cerebral blood flow (CBF)

[ ]  Blood arrival time (BAT) or similar

[ ]  Other, specify:

Recorder Signature: Date:

General Instructions

This CRF includes data typically recorded when collecting information on blood flow irrigating a specific organ.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all mitochondrial disease clinical studies to collect). All of the data elements are classified as Supplemental – Highly Recommended (i.e., essential information for specified conditions, study types, or designs).

Please see the Data Dictionary for element classifications.

Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Visit Date – Date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in an unambiguous format acceptable to the study database like DD-MMM-YYYY. When date/time data are prepared for aggregation or sharing, they should be converted to the format specified by [ISO 8601](https://www.iso.org/iso-8601-date-and-time-format.html); YYYY-MM-DD T:hh:mm:ss.