1. Date of MRI: // (mm/dd/yyyy)
2. Date of Clinical Visit coinciding with scan: // (mm/dd/yyyy)
3. Clinical Visit type coinciding with scan (choose only one)\*\*:

Baseline

End of treatment

End of study

Missing

1. Scanner Manufacturer (choose only one):

GE

Siemens

Philips

Other specify,

1. Field Strength of Scanner Used (choose only one):

1.5T

3.0T

4.0T

7.0T

Other specify,

1. MRI Software Version Number:
2. Was Gadolinium administered in the protocol window?\*\*  Yes  No  Unknown
3. If No, explain:
4. What was the delay in time from injection to start of post-Gd T1-weighted sequence?\*\* *(please specify)* min
5. Date estimated glomerular filtration rate (eGFR) was performed: // (mm/dd/yyyy)
6. Estimated glomerular filtration rate (eGFR) result (note a caution warning if <55 and an exclusion for Gd administration if <45): (please specify) mL/dL
7. Was scan-based QA/QC performed?  Yes  No  Unknown
8. If Yes, indicate QA/QC results: Pass  Fail, explain:

## General Instructions

This CRF Module is designed to be used in conjunction with the Imaging Analysis Technique and Results – Baseline and Imaging Analysis Results – Follow Up CRF Modules.

Investigators should support use of the MS Imaging CRF Modules with detailed procedure, such as may be contained in the SOPs of their individual intuitions, with particular attention to software versions.

All elements on this CRF are classified as Supplemental unless otherwise indicated by an asterisk (\*) and should be collected if the research team considers them appropriate for their study.

\*\*These elements are considered Supplemental – Highly Recommended

## Specific Instructions

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

* Date of MRI – The preferred format for recording date is DD/MMM/YYYY. 99/99/9999 can be used to indicate an unknown date.
* Date of clinical visit coinciding with scan – The preferred format for recording date is DD/MMM/YYYY. 99/99/9999 can be used to indicate an unknown date.
* Clinical Visit type coinciding with scan – Additional study-specific values can be added to the code list as appropriate (e.g., Week 3 Visit 1).
* Scanner manufacturer – No additional instructions
* Field strength of scanner used – No additional instructions
* MRI software version number – No additional instructions
* Was Gadolinium administered in the protocol window?
* If No, explain – If gadolinium was not administered in the protocol window, explain why.
* What was the delay in time from injection to start of post-Gd T1-weighted sequence? – Record answer in minutes.
* Date estimated glomerular filtration rate (eGFR) was performed – The preferred format for recording date is DD/MMM/YYYY. 99/99/9999 can be used to indicate an unknown date.
* Estimated glomerular filtration rate (eGFR) result – Record in mL/dL. Note a caution warning if result is < 55 and an exclusion for Gd administration if result is < 45.
* Was scan-based QA/QC performed? – No additional instructions
* QA/QC results – Only answer if scan-based QA/QC was performed. If QA/QC results failed, explain the reason for the failure as well as any corrective actions that took place as a result of the failure.