## Technical Information

1. Imaging study date and time // (24 hour clock)
2. Imaging modality (choose one):

Non-contrast CT

X-Ray Angiography

Contrast CT

MRI

CT Angiography

Digital Subtraction Angiography (DSA)

Magnetic Resonance Angiography (MRA)/Magnetic Resonance Venography (MRV)

Computer Tomography Angiography (CTA)/Computer Tomography Venography (CTV)

Cone Beam Computed Tomography (CBCT)

1. MRI field strength (choose one):

1.5T  3.0T  4.0T  7.0T  Other, specify:

1. Imaging scanner manufacturer name (choose one):

Agfa

Carestream

GE

Hitachi

Hologic

Konica Minolta

Philips

Siemens

Toshiba

Other, specify

1. Imaging scanner model name:

Achieva

Signa

Skyra

Symphony

Trio

Other, specify

1. Imaging scanner software version number:
2. Imaging sequence (choose all that apply):

T1

DWI

DTI

ASL

T2

GRE

MRS

FLAIR

SWI

PWI

Other, specify

## General Instructions

This CRF contains data that would be collected when an imaging study is performed.

The data elements are supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

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