



CMR Data Submission Form				
Principal Investigator		Site Number		Subject Number

A. General Information			
Age	_ _ _	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Weight	_ _ _ _ _ . _ kg	Height	_ _ _ _ _ . _ cm
Primary PCI date	_ _ / _ _ / 20 _ _ DD / MM / 20 YY	CMR scan date	_ _ / _ _ / 201 _ DD/MM/YY
Contrast agent	<input type="checkbox"/> Dotarem <input type="checkbox"/> ProHance <input type="checkbox"/> Gadovist	Stress agent	<input type="checkbox"/> Adenosine 140 mcg/kg/min <input type="checkbox"/> Adenosine 210 mcg/kg/min <input type="checkbox"/> Regadenoson
Email address for correspondence			

B. CMR Study Information			
Imaging	Acquired	Contrast Vol	Quality Control (CMR core lab)
Cine	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> sufficient <input type="checkbox"/> insufficient, _____
Stress perfusion	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ mL	<input type="checkbox"/> sufficient <input type="checkbox"/> insufficient, _____
Rest perfusion	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ mL	<input type="checkbox"/> sufficient <input type="checkbox"/> insufficient, _____
Late Gad Enhancement	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> sufficient <input type="checkbox"/> insufficient, _____
Blood pressure @rest	_ _ / _ _ mmHg		
@stress	_ _ / _ _ mmHg		

C. Scoring		
Culprit vessel (segment of primary PCI)	Non-culprit vessel (segment with >50% stenosis)	Ischemia present on stress perfusion (CMR core lab)
<input type="checkbox"/> RCA proximal <input type="checkbox"/> RCA mid <input type="checkbox"/> RCA distal <input type="checkbox"/> RDP/PDA <input type="checkbox"/> left main <input type="checkbox"/> LAD proximal <input type="checkbox"/> LAD mid <input type="checkbox"/> LAD distal <input type="checkbox"/> diagonal 1 <input type="checkbox"/> diagonal 2 <input type="checkbox"/> CFX/RCX proximal <input type="checkbox"/> OM/MO 1 <input type="checkbox"/> CFX/RCX mid <input type="checkbox"/> OM/MO 2 <input type="checkbox"/> IM/AL	<input type="checkbox"/> RCA proximal <input type="checkbox"/> RCA mid <input type="checkbox"/> RCA distal <input type="checkbox"/> RDP/PDA <input type="checkbox"/> left main <input type="checkbox"/> LAD proximal <input type="checkbox"/> LAD mid <input type="checkbox"/> LAD distal <input type="checkbox"/> diagonal 1 <input type="checkbox"/> diagonal 2 <input type="checkbox"/> CFX/RCX proximal <input type="checkbox"/> OM/MO 1 <input type="checkbox"/> CFX/RCX mid <input type="checkbox"/> OM/MO 2 <input type="checkbox"/> IM/AL	<input type="checkbox"/> RCA proximal <input type="checkbox"/> RCA mid <input type="checkbox"/> RCA distal <input type="checkbox"/> RDP/PDA <input type="checkbox"/> left main <input type="checkbox"/> LAD proximal <input type="checkbox"/> LAD mid <input type="checkbox"/> LAD distal <input type="checkbox"/> diagonal 1 <input type="checkbox"/> diagonal 2 <input type="checkbox"/> CFX/RCX proximal <input type="checkbox"/> OM/MO 1 <input type="checkbox"/> CFX/RCX mid <input type="checkbox"/> OM/MO 2 <input type="checkbox"/> IM/AL <input type="checkbox"/> NO ischemia present

please send completed form to michele.parker@duke.edu and brenda.d.hayes@duke.edu
- in case of immediate need for help, please call +31631900140 -

