



**BIOCLINICA**

**Pre-Trial Questionnaire for Brain/Cervical Spine MRI**

Abbvie M18-918 Protocol  
Project code 10005790

Investigator Name: The Reston Center of Southern California

Site #: 110

**1. MR Imaging Facility**

Name of Imaging Facility

VALLEY RADIOLOGY CONSULTANTS MEDICAL GROUP, LLC (VRCMG)

Street Address 1

15725 POMERADO ROAD

Street Address 2

SUITE 101

(building, floor, unit, dept, etc.)

City: POMONA

State/Province: California

Postal Code: 92204

Country: USA

**2. MRI Technologists**

Role	First Name	Last Name	Initials used	Phone	Fax	MRI Experience (Years)		
Primary Technologist:	MARI	VERA	MV	700-739-5400 EXT. 2401	rotates	6.5		
Primary Technologist Email:	mvera@valleyrad.com							
Secondary Technologist:	MARCO	CRUZ	MC	rotates	rotates	8		
Secondary Technologist Email:	mcrucz@valleyrad.com							
<table border="0" style="width:100%"> <tr> <td style="width:50%">           Have you worked with Bioclinica previously?  <input checked="" type="checkbox"/> Yes: PI Name: <u>ATOMIC INSTITUTE</u> Period: <u>1Yr</u>  <input type="checkbox"/> No         </td> <td style="width:50%">           Secondary Technologist  <input checked="" type="checkbox"/> Yes: PI Name: <u>ATOMIC INSTITUTE</u> Period: <u>1Yr</u>  <input type="checkbox"/> No         </td> </tr> </table>							Have you worked with Bioclinica previously? <input checked="" type="checkbox"/> Yes: PI Name: <u>ATOMIC INSTITUTE</u> Period: <u>1Yr</u> <input type="checkbox"/> No	Secondary Technologist <input checked="" type="checkbox"/> Yes: PI Name: <u>ATOMIC INSTITUTE</u> Period: <u>1Yr</u> <input type="checkbox"/> No
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Experience with clinical research studies (number of studies)?	<input type="checkbox"/> Yes: <input type="checkbox"/> <5 <input checked="" type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> No <input type="checkbox"/> >10	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	<input type="checkbox"/> No		
English Language Skills: Verbal and Written?	<input checked="" type="checkbox"/> Yes: <input type="checkbox"/> Verbal Only <input type="checkbox"/> Written Only <input type="checkbox"/> Written and Verbal <input type="checkbox"/> No - translation is needed for: <input type="checkbox"/> Training <input type="checkbox"/> Study Documents (if available) specify language for translations: _____							



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3. MRI Scanner (General Electric, Philips or Siemens - 1.5T or 3T required) - only 1 scanner will be selected, list by order of availability/preference. Certain older vendor release levels will not be allowed - GE software release must be 12 or above; Siemens Symphony (non-Tim), Sonata and Allegra are not allowed.

#	Manufacturer	Field Strength	Model	Date of Installation of MRI Scanner	Hardware/Software Upgrade	Date of Last Hardware/Software Upgrade	Current Operating Software Version
1	SIEMENS	<input checked="" type="checkbox"/> 1.5T <input type="checkbox"/> 3T	Essenza, Model #10352127	4/11/2009 D D M M Y Y Y Y		2/15 D D M M Y Y Y Y	NUMARIS 4 SYNGO MR
2		<input type="checkbox"/> 1.5T <input type="checkbox"/> 3T					
3		<input type="checkbox"/> 1.5T <input type="checkbox"/> 3T					

Are you aware of any major hardware/software upgrade or change in scanner planned in the upcoming 3 years?

Scanner #	Yes/No	If Yes, please specify (nature, timelines, etc.)
1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is any of the scanners listed above a mobile scanner?

For GE scanners, do you have a research key?

Do you have a research agreement in place with the scanner manufacturer?

Can you submit images in uncompressed or lossless compressed DICOM format?

Are you able to enter study specific identifiers into the DICOM header such as Subject ID, Date of Birth?

Please indicate your archive media type. Check all that apply.

<input type="checkbox"/> Yes, scanner(s):	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes, scanner(s):	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes, scanner(s):	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
<input type="checkbox"/> CD	<input type="checkbox"/> DVD	<input checked="" type="checkbox"/> PACS <input type="checkbox"/> Other: _____



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4. Brain MRI Coil Information - Phased-array (multi-channel) coil is required

Please describe the coil(s) available for brain imaging.

Coil #	Model	Diameter	# of channels	Scanner #			Comments
1	Siemens model #10131483	9.5 inches wide	12	<input checked="" type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	
2				<input checked="" type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	
3				<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	
4				<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	

5. Cervical Spine MRI Coil Information - Phased-array (multi-channel) coil is required

Please describe the coil(s) available for spine imaging.

Coil #	Model	Diameter	# of channels	Scanner #			Comments
1	Siemens model #10131485	9.5 inches wide	4	<input checked="" type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	coil is an attachment to brain coil
2				<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	
3				<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	
4				<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	

6. Multi-Echo GRE

Do you have a multi-echo GRE sequence available on your scanner for cervical spine imaging?

(GE: MERGE, Philips: mFFE, Siemens: MEDIC)?

Scanner #	Yes/No	If no, please explain:
1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please email the completed questionnaire to Bioclinica:

Email: M18-918@bioclinica.com



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**7. Diffusion Tensor Imaging (DTI) capabilities**

Scanner #	Yes/No	If Yes, how many gradient directions can you acquire at most?
1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have DTI capabilities at your facility?

Do you have experience performing DTI?  
 Yes  No

**8. Bioclinica SMART Submit: Use of Digital Image Upload Capability – Internet Connection Required**

It is recommended that all "Digital" images be uploaded electronically via Bioclinica SMART Portal  If you are unable to upload digital images, please check reason:  Policy/Privacy Regulation  Other Technical Limitation  No Internet Connection (must complete)

Who will be uploading images through Bioclinica SMART Submit?

Role	First Name	Last Name	Email
MRI Technologist	Mari	Vera	mvera@valleyrad.com
MRI Technologist	Marco	Cruz	mcruz@valleyrad.com
MRI Technologist	Amanda	Vera	advera@valleyrad.com
Clinical Research Coordinator	Meghan	Stanley	mstanley@valleyrad.com