



# Scan Log Study D5671C00002 (PROXYMO)

Imaging Site	Valley Radiology
Subject ID	
Year of Birth	

Please tick applicable visit below

Screening	Day 1	Week 12	Week 19	Early Termination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MRI scan performed by*:</b>	
Printed Name	
Signature	
Initials	
Scan Date: (DD/MMM/YYYY)	____-____-____
Start time of the radiological Procedures: (hh:mm)	____:____

(\* Only staff that has been trained in the study procedure shall perform the scanning)

Restrictions*	No	Yes	Notes
Has the subject been fasting? Definition: - no food 8 hours before the visits	<input type="checkbox"/>	<input type="checkbox"/>	

(\* If any of the restriction criteria are not met, please contact investigational site for rescheduling)

Sequences performed			
1. Liver Fat (PDFF)	<input type="checkbox"/>	DONE	
	<input type="checkbox"/>	Comments	
2. Liver Volume	<input type="checkbox"/>	DONE	
	<input type="checkbox"/>	Comments	
3. Liver Diffusion	<input type="checkbox"/>	DONE	
	<input type="checkbox"/>	Comments	
4. VAT/SAT	<input type="checkbox"/>	DONE	
	<input type="checkbox"/>	Comments	

(\* Comments (please note any technical problems e.g. if the scans were not performed/repeated/interrupted or other technical issues, or issues with breath-holding or patient movement))

Images anonymised as per protocol	<input type="checkbox"/> DONE
Images transferred to Antaros on (DD/MMM/YYYY)	____-____-____
Images transferred by – full name	