

Scan Log Study BIO89-100-002

Imaging Site	Valley Radiology
Subject number	
Year of Birth	

Please email the Scan Log to: Antaros Medical corelab@antarosmedical.com and to the referring Physician within two **(2) working days**

Please tick applicable visit below

MR1 (Screening)	MR2 (Day 50)	MR3 (Day 92)	MR_ET (Early Termination)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MRI scanned by:	
Printed Name	
Signature	
Initials	
Scan Date: (DD/MMM/YYYY)	____-____-____
Start time of the radiological procedure: (hh:mm)	____:____

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

Recommended Restrictions*		
Fasting?	No	Yes
Def.	<input type="checkbox"/>	<input type="checkbox"/>
- no food 4 hours before the visits		
- intake of water or liquid should be avoided or limited 2 hours before the scanning		

(*) Recommended but not required for MR scanning

Sequences			
1. Liver Fat	<input type="checkbox"/>	OK	
	<input type="checkbox"/>	Comments	
2. Liver Volume	<input type="checkbox"/>	OK	
	<input type="checkbox"/>	Comments	
3. VAT/SAT (visceral fat)	<input type="checkbox"/>	OK	
	<input type="checkbox"/>	Comments	

(*) Comments (only note technical reasons e.g. if the scans were not performed/repeated/interrupted or other technical issues)

Images sent (DD/MMM/YYYY)	____-____-____
Images sent by – full name	