Scan Log Site ID 3V2640-CLIN-005

Imaging Site	
Subject number (6-digit 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 (COHORT 2)

MRI 1 Screening	MRI-2 Week 11-16	MRI-3 Week 15-20	Early Termination
☐	☐	☐	☐

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

Restrictions*		
Fasting? Def. - no food 4 hours before the visits - intake of water or liquid should be avoided or limited 2 hours before the scanning	No ☐	Yes ☐

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

Sequences			
1. Liver Fat	☐	OK	
	☐	Comments	
2. Adipose Tissue	☐	OK	
	☐	Comments	
3. Elastography (at screening only)	☐	OK	
	☐	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	