

<b>Imaging Site</b>	
<b>Subject number</b>	
<b>Year of Birth</b>	

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

**Please tick applicable visit below**

<b>MR1 (Day -1)</b>	<b>MR2 (Day 85)</b>	<b>MR_ET (Unscheduled/early termination)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MRI scanned by:</b>	
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**

<b>Recommended Restrictions*</b>		
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**

<b>Sequences</b>			
1. Liver Fat	<input type="checkbox"/>	OK	
	<input type="checkbox"/>	Comments	
2. 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	