



*mark 5 MRI/MRA Scan Review form for MMA Competitors

TO BE COMPLETED BY A CONSULTANT RADIOLOGIST OR NEURORADIOLOGIST

Please return WITH corresponding MRI/MRA scan reports to: records@safemma.org

Competitor Name: _____

Date of birth: _____

Reviewing Radiologist Name: _____

Qualifications: _____

Doctor Registration Number: _____

Practice address: _____

Telephone number: _____

Email address: _____

PROTOCOLS

<p align="center">TO BE CONDUCTED ONCE EVERY YEAR</p> <p align="center"><small>*once only for amateur competitors, unless otherwise referred</small></p> <p>MRI brain</p> <p>Minimum 1.5 Telsa and minimum 5mm cuts</p> <p>Axial T1, T2, Flair and T2star (or gradient echo or SWI)</p> <p>Sagittal T1 and FLAIR</p> <p>Coronal FLAIR and T2star (or gradient echo or SWI)</p>	<p align="center">TO BE CONDUCTED ONCE ONLY</p> <p align="center"><small>*professional competitors only, unless otherwise referred</small></p> <p>MRA intracranial blood vessels</p> <p>Protocol conducted: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signed/initialled (radiologist)</p>
	<p align="center"><small>*NOT mandatory; recommendation only for professional competitors</small></p> <p>MRA extracranial blood vessels to level of Aortic Arch</p>
<p>Protocol conducted: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signed/initialled (radiologist)</p>	<p>Protocol conducted: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Signed/initialled (radiologist)</p>

REVIEW

<p>I confirm that no abnormalities were found outside of normal variation:</p> <p><small>PLEASE NOTE: white matter T2 hyperintensities, cavum septi pellucidi, brain atrophy, pituitary changes, dilated VR spaces MUST be treated as abnormal and referred to a neurologist</small></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Date of scan(s):</p>	
<p>Additional comments:</p>	

Signed (radiologist): _____

Date: _____