



*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 style="text-align: center;">TO BE CONDUCTED ONCE EVERY YEAR <small>*once only for amateur competitors, unless otherwise referred</small></p> <p>MRI brain Minimum 1.5 Telsa and minimum 5mm cuts Axial T1, T2, Flair and T2star (or gradient echo or SWI) Sagittal T1 and FLAIR Coronal FLAIR and T2star (or gradient echo or SWI)</p>	<p style="text-align: center;">TO BE CONDUCTED ONCE ONLY <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><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: _____