

VS_TEST_RECIST_32717
Quality Assurance Form

ClinicalTrialSiteID	ClinicalTrialSubjectID	ClinicalTrialTimePointDescription
999	999-00001	Screening

Value Type	Imaging	☐ DTF	☐ Media Labels
Subject Number	999-00001	NA	NA
Patient Birth Date	19650101	NA	NA
TimePoint	Screening	NA	NA
IdentifyingComments		NA	NA

Split Series

Series Number	# of Images	SeriesTime	SeriesDescription	StudyDate	Modality	Range	Series Type	BodyPartExamined
11	25	160656.609000	t1_se_tra	20150610	MR			Brain
4	25	155618.109000	t1_se_tra	20150610	MR			Brain
2	25	155227.593000	t2_tirm_flair_fs_tra	20150610	MR			Brain
3	25	155518.625000	t2_lse_tra_448	20150610	MR			Brain

De-identification checked ?	☒
All mandatory sequences/images available ?	☒ YES ☐ NO
Permanent Redact Required ?	☐ YES ☒ NO
Fileset Description	Brain
Slice Thickness	☒ Pass ☐ Fail
Contrast Status	☒ Pass ☐ Fail
Overlap	☒ Pass ☐ Fail
Anatomy	☒ Head ☐ Neck ☐ Chest ☐ Abdo ☐ Pelvis ☐ Skeletal ☐ Chest ☐ NA
VS Protocol	Primary
VS Series	DataSet1

Comments:
pass

Print	Date	QA Signature:
Test QC	16-Nov-2016 19:19:21 UTC	test_QC

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