

ChAMPION – SITE QUALIFICATION CASE REPORT FORM

#	Question	Answer
	Site Name	
	Name of Neurologist	
	Name of person completing this form	
1	How many patients who have 50-99% intracranial atherosclerosis (ICAS) that is either symptomatic or asymptomatic do you see annually at your site?	
2	How was the answer to question #1 determined?	<input type="checkbox"/> Analysis of registry or other database <input type="checkbox"/> Estimation <input type="checkbox"/> Both
3	What kind of MRI scanner does your institution use?	<input type="checkbox"/> 1.5T <input type="checkbox"/> 3T <input type="checkbox"/> Both
4	What is the make and model of your MRI scanner(s)? (e.g. Siemens Trio)	
5	What version of scanner software are you currently using? (e.g. Siemens - VB17, VB19)	
6	What type of head coil(s) do you have? (Check all that apply.)	<input type="checkbox"/> 4 channel <input type="checkbox"/> 8 channel <input type="checkbox"/> 12 channel <input type="checkbox"/> 16 channel <input type="checkbox"/> 32 channel <input type="checkbox"/> Other (please list):
7	Is High resolution MRI for ICAS currently available at your institution? (Select one answer.)	<input type="checkbox"/> Yes and we use it for our patients <input type="checkbox"/> Yes, but we do not use it for our patients <input type="checkbox"/> Yes, but it is used for research only <input type="checkbox"/> No, it is not available
8	If Question 7 is yes, provide the name and email address of the Neuroradiologist contact at your institution that is familiar with the HRMRI ICAS imaging technique being used.	Name: Email:
9	If Question 7 is yes, <i>please have your <u>Neuroradiologist</u> complete the following question:</i> Have you successfully implemented HRMRI sequences from outside institutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you implemented research protocols on patients with stroke in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	If Question 10 is yes, please list the studies you have participated in.	
12	Do you currently have a research coordinator who can assist with subject recruitment, regulatory issues, and protocol implementation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	If Question 12 is yes, please provide his/her name and email address.	Name: Email: