## Patient Information

1. \*\*Study ID number:
2. \*\*Date and time of study

(M M/D D/Y Y Y Y):

(HH:MM, 24 hr clock):

1. \*\*Scan purpose (Select all that apply):

[ ] Diagnostic

[ ] Post-treatment

[ ] Monitoring

[ ] Other, specify:

## Technical Information

1. Imaging modality (Select all that apply):

MR based imaging: (Skip to 1A) CT based imaging: (Skip to 1B)

[ ] MRI

[ ] MR Angiography

[ ] Contrast MRI

[ ] Non-contrast MRI

[ ] MRI Perfusion[ ] CT Angiography

[ ] Contrast CT

[ ] Post-contrast CT

[ ] Non-contrast CT

[ ] CT Perfusion

[ ] SPECT

[ ] CBCT

Non-MR or CT based modalities:

[ ] X-Ray Angiography

[ ] PET

[ ] MEG

[ ] OCT

[ ] Microscopy

[ ] DEXA

[ ] EEG

[ ] Ultrasound

[ ] Other, specify:

* 1. MRI details:
		1. Scanner strength:

[ ] 1.5T

[ ] 3.0T

[ ] 4.0T

[ ] 7.0T

[ ] Other, specify:

* + 1. \*\*Slice thickness (mm):
	1. CT details:
		1. Number of slices:

[ ] 64

[ ] 128

[ ] 256

[ ] 320

[ ] Other, specify:

* + 1. \*\*Slice thickness (mm):
1. Read type (Select all that apply):

[ ] Central

[ ] Central read[ ] Local - Site

[ ] Local read[ ] Local report

[ ] Other, specify:

1. Reader blinded to clinical data:

[ ] Yes [ ] No [ ] Unknown

1. Study technically satisfactory:

[ ] Yes [ ] No [ ] Unknown [ ] Not applicable

## MRI Findings

1. MR-based identification of perfusion defect
	1. Method used for perfusion processing:

[ ] No deconvolution

[ ] Deconvolution without delay correction

[ ] Deconvolution with delay correction

* 1. Volumes:

1 Volume Type Table

| Volume type | Threshold used to delineate abnormality | Threshold value for identificationof abnormality | Value of abnormality | Defect volume |
| --- | --- | --- | --- | --- |
| Cerebral blood flow defect volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Mean transit time lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Time to peak lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Time-to-maximum (Tmax) lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |

## CT Findings

1. PCT-based identification of perfusion defect
	1. Method used for perfusion processing:

[ ] No deconvolution

[ ] Deconvolution without delay correction

[ ] Deconvolution with delay correction

* 1. Volumes

2 Volume Type Table

| Volume type | Threshold used to delineate abnormality | Threshold value for identificationof abnormality | Value of abnormality | Defect volume |
| --- | --- | --- | --- | --- |
| Cerebral blood volume (CBV) defect volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Mean transit time lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Time to peak lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |
| Time-to-maximum (Tmax) lesion volume | [ ] Absolute[ ] Relative | Data to be entered by site | Data to be entered by site | Data to be entered by site |

## General Instructions

This CRF contains data that would be collected when an imaging study is performed to measure perfusion. There are separate sections to record MRI findings and CT findings.

Important note: A subset of the data elements included on this CRF Module is considered Supplemental – Highly Recommended (i.e., strongly recommended for SAH clinical studies to collect if imaging studies are performed). The remaining data elements are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

\*\*Recommended as a Supplemental – Highly Recommended SAH CDE if protocol includes imaging.