



# Field List for Data Transfer and QC Forms

## Introduction

Data Transfer Forms (DTFs) and Quality Control (QC) forms are essential tools that facilitate the standardized capture and assessment of critical information throughout the trial process. This document serves as a comprehensive resource for clients to design and customize their own DTF and QC forms within the SliceVault platform.

We have compiled lists of potential form fields for both DTFs and QC forms. These fields encompass a wide range of data points that are commonly collected in imaging studies. Clients are encouraged to review the lists and select the fields that are most pertinent to their specific study requirements. This list serves as inspiration, and clients are welcome to create custom fields specific to their needs.

## Data Transfer Form (DTF)

### Patient Information

Field Name	Field Type	Options/unit
Patient ID/Subject ID	Text	
Patient Initials	Text	
Date of Birth	Date	
Age	Number	(years)
Gender	Dropdown	Male, Female, Other, Prefer not to say
Weight	Number	(kg)
Height	Number	(cm)

### Clinical Information

Field Name	Field Type	Options/unit
Clinical History	Text	
Diagnosis Type	Dropdown	(List of applicable diagnoses)
Treatment Name	Text	

### Imaging Study Details

Field Name	Field Type	Options/unit
Study Date	Date	
Date of Imaging	Date	
Timepoint	Dropdown	(List of applicable timepoints, e.g. screening, visit 1, visit 2)
Anatomy Acquired	Dropdown	(List of applicable anatomy, e.g. head, chest, abdomen, pelvis, whole body)
Image Modality	Dropdown	(List of applicable modalities, e.g. MRI, CT, PET, Ultrasound, X-ray)
Contrast Agent Used	Dropdown	Yes, No
Radiopharmaceutical Administered	Text	



## Equipment Details

Field Name	Field Type	Options/unit
Scanner Make and Model	Text	
Software Version	Text	
Field Strength (MRI Only)	Dropdown	1.5T, 3T, Other
Slice Thickness	Number	(mm)
Acquisition Parameters	Text	

## Imaging Parameters

Field Name	Field Type	Options/unit
Region of Interest (ROI) Location	Text	
Measurements	Text	
Administered Activity	Number	(MBq or mCi)
Subject Weight at Time of Imaging	Number	(kg)

## Data Handling

Field Name	Field Type	Options/unit
Data Uploaded on Day of Acquisition?	Dropdown	Yes, No
Patient Identifying Data Present?	Dropdown	Yes, No
Data De-Identified?	Dropdown	Yes, No
Comments	Text	

## Institutional Information

Field Name	Field Type	Options/unit
Institution/Hospital Name	Text	
Technologist Name	Text	
Technologist Contact Information	Text	
Patient Consent Obtained?	Dropdown	Yes, No

## Quality Control (QC) Form

## General Checks

Field Name	Field Type	Options/unit
QC Manager Name	Text	
Date of QC Assessment	Date	
Timepoint Verification	Dropdown	Correct, Incorrect
Data Completeness	Dropdown	Complete, Incomplete
Chronology of Imaging Dates (e.g. is the date of subsequent images after the date of preceding images?)	Dropdown	Yes, No
Subject Consistency Across Visits (e.g. do images pertain to the same subject as previous visits?)	Dropdown	Yes, No



## Image Quality Assessment

Field Name	Field Type	Options/unit
Anatomical Coverage Correctness	Dropdown	Yes, No
Visual Quality Standards Met?	Dropdown	Yes, No
Artifact Presence	Dropdown	None, Minimal, Moderate, Severe
Image Orientation Correctness	Dropdown	Yes, No
Contrast Resolution Adequacy	Dropdown	Yes, No
Overall Image Quality Acceptable?	Dropdown	Yes, No
Comments on Image Quality	Text	

## Protocol Compliance

Field Name	Field Type	Options/unit
Parameter Compliance with Protocol (e.g. do the basic parameters match the approved protocol?)	Dropdown	Yes, No
Visual Quality Standards Met (e.g. do scanned sequences meet visual quality standards (free of artifacts, etc.)?)	Dropdown	Yes, No
Required Zones Acquired (e.g. are all required zones performed according to protocol?)	Dropdown	Yes, No
Suitability for Reading (e.g. is the examination suitable for reading?)	Dropdown	Yes, No
Re-Scan Performed if Issues Occurred?	Dropdown	Yes, No, Not Applicable
Successful Contrast Injection Signs Present?	Dropdown	Yes, No, Not Applicable
Comments on Protocol Compliance	Text	

## Data Integrity

Field Name	Field Type	Options/unit
Subject Identifying Data Present?	Dropdown	Yes, No
Data Uploaded Promptly (e.g. were data uploaded on the day of acquisition?)	Dropdown	Yes, No
Consistency with Case Report Form (CRF) (e.g. does the number of uploaded zones match the CRF?)	Dropdown	Yes, No
Patient Identifying Data Removed?	Dropdown	Yes, No
Comments on Data Integrity	Text	

## Action Items

Field Name	Field Type	Options/unit
Action Required	Dropdown	None, Re-scan Required, Technical Issue to Address, Other
Describe Issues Identified	Text	
Resolution Steps Taken	Text	
Additional Comments	Text	