**R4VaD Imaging Transfer Form**

**R4VaD Patient number**……………………….………………………………………..

**R4VaD Centre Number**…………………………………………………………………

**Confirm which imaging studies are on the CD by ticking boxes**:

* Diagnostic imaging: Date:………… Time:……………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CT |  | CTA |  | CTP |  |
| MRI |  | MRA |  |  |  |

* Additional imaging: Date:………… Time:……………
* Additional imaging: Date:………… Time:……………

**Please** provide Contact Details of person sending CD:

Name:…………………………………….. Email address:……………………………………………

Telephone number (including extension):………………………………………………………………

**Please** send an email containing the Encryption key/password to: [eleni.sakka@ed.ac.uk](mailto:eleni.sakka@ed.ac.uk)

For full details on how to prepare CDs for posting, please refer to the R4VaD Image Transfer Guidelines

Send the CD and Image Transfer Form to:

Eleni Sakka, Imaging data manager, R4VaD study, Centre for Clinical Brain Sciences, The Chancellor's Building, 49 Little France Crescent, Edinburgh EH16 4SB

**Queries**

If you have any queries please do not hesitate to contact the R4VaD Imaging Office: e-mail to: [r4vad\_imaging@mlist.is.ed.ac.uk](mailto:r4vad_imaging@mlist.is.ed.ac.uk)