

Additional file 4: Figure S2

CMR Cooperative web database: Patient Medical History

CMR Cooperative

Status Panel

Choose Patient Patient ID: 585 Name: Doe, John Sex: Male DOB: Dec 31, 1968 MRN: 111111111 Edit

Choose Study MRI Study ID: 607 MRI Accession #: 0 MRI Date: Jan 11, 2005 Patient Age: 36 yrs

Patient Info

MRI Cardiac History

Set All to NO

Set All to Unknown

Hx any Heart Disease + Yes ● No

<i>Hx CABG</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text" value="1991"/> <input type="text" value="1991-07-01"/>	or Duration <input type="text"/>	
<i>Hx Significant Stenosis on Cath</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date <input type="text" value="June"/> <input type="text" value="25"/> <input type="text" value="1991"/>	or Duration <input type="text"/>	
<i>Hx PCI</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date <input type="text"/>	or Duration <input type="text" value=" > 5 Years"/>	
<i>Hx angina</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text" value=" > 5 Years"/>	
<i>Hx Acute MI</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date <input type="text"/>	or Duration <input type="text" value=" 1 - 3 Months"/>	
<i>Hx Chronic MI</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Date <input type="text" value="July"/> <input type="text" value="22"/> <input type="text" value="1999"/>	or Duration <input type="text"/>	
<i>Hx CHF</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text" value=" 6 Months - 1 Year"/>	

Coronary Risk Factors + Yes ● No

<i>Hx DM</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text" value=" > 5 Years"/>	
<i>Hx HTN</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text" value=" > 5 Years"/>	
<i>Hx Hyperchol</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text" value=" 1 - 5 Years"/>	
<i>FHx CAD</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Details <input type="text"/>		
<i>Hx PVD</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
<i>Hx Smoking</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Smoking Status <input type="text"/>	Duration <input type="text" value=" 11 - 20 Years"/>	Pks/WK <input type="text" value=" 20-50"/>
<i>Post Meno</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	

Other

<i>Hx Renal Ds</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
ESRD <input type="checkbox"/>				
On Dialysis <input type="checkbox"/>				
<i>Hx pulm Ds</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
Asthma <input type="checkbox"/>				
Thromboembolic Ds <input type="checkbox"/>				
COPD <input type="checkbox"/>				
<i>Hx Glaucoma</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
<i>Hx Sickle Cell Anemia</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
<i>Hx Dementia</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Year <input type="text"/>	or Duration <input type="text"/>	
Other Illness <input type="text"/>				
		Onset Year <input type="text"/>	Delete Illness <input type="checkbox"/>	
<input type="button" value="Add Illness"/>				

Patient Info

Cardiac History

Medications

Labs and Asso. Tests

Drugs and Drug Protocols

MRI Technique

Resting MRI

Hemo Response

Grade Myocardial Segments

T1 Mapping

Pericardium and Pleura

Heart Valves

Thoracic Aorta

Non-cardiac Findings

Complications

Diagnostic / Therapeutic Decision

Generate MRI Report