**Case Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requesting Physician** |  | **Request Date** |  | **MRN** |  |
| **Pathology** |  | | | | |
|
| **Notes** |  | | | | |
|
|

**Dataset Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Study Date** |  | **Imaging Modality** |  |
| **Initial Access Date** |  |  | |
| **Segmentation Series Number** |  | **Segmentation Program** |  |
| **Segmentation Start** |  | **Segmentation End** |  |
| **Total Segmentation Time** |  | | |
| **Notes** |  | | |
|
|

**Initial Model Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewing Radiologist** |  | | **Review Date** |  |
| **Edits Needed** | **YES** | **NO** |  | |
| **Description of Edits** |  | | | |
| **Notes** |  | | | |
|
|

**Fabrication Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Editing Programs** |  | | |  |
|
| **Edits Made** |  | | | |
|
| **Print Start** |  | | **Print End** |  |
| **Printer ID(s)** |  | | **Printer Type(s)** |  |
|
| **Material(s)** |  | | **Colour(s)** |  |
|
| **Print Parameters** |  | | | |
|
| **Total Printer Time** |  | | **Material Quantity** |  |
|
| **Post Processing?** | **YES** | **NO** |  | |
| **Post Processing Steps** |  | | **Post Processing Time** |  |
|
| **# Pins Used** |  | | **# Magnets Used** |  |
| **Model Completion Date** |  | |  | |
| **Notes** |  | | | |
|

**Additional Model Review (If applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Model Edit Version** |  | |  | |
| **Reviewing Radiologist** |  | | **Review Date** |  |
| **Edits Needed** | **YES** | **NO** |  | |
| **Description of Edits** |  | | | |
| **Notes** |  | | | |
|

**Additional Model Review (If applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Model Edit Version** |  | |  | |
| **Reviewing Radiologist** |  | | **Review Date** |  |
| **Edits Needed** | **YES** | **NO** |  | |
| **Description of Edits** |  | | | |
| **Notes** |  | | | |
|

**Additional Model Review (If applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Model Edit Version** |  | |  | |
| **Reviewing Radiologist** |  | | **Review Date** |  |
| **Edits Needed** | **YES** | **NO** |  | |
| **Description of Edits** |  | | | |
| **Notes** |  | | | |
|