



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
ATHLETIC COMMISSION

KEITH KIZER
Executive Director

Chairman: Bill D. Brady

***Members:** Raymond "Skip" Avansino Jr., John R. Bailey, T.J. Day, Pat Lundvall

DATE: _____

FROM: Dr. Timothy J. Trainor
Consulting Research Physician
Nevada State Athletic Commission

RE: Test request

Pursuant to NAC 467.027 please perform the tests checked below on boxer/kickboxer/mixed martial arts contestant, _____.

Please fax immediate reports to the Nevada State Athletic Commission at **702-486-2577** and to **Dr. Timothy J. Trainor**, Consulting Research Physician for NSAC at **702-740-5328**.

Please place images on a CD and forward to the **Nevada State Athletic Commission, 555 East Washington Avenue Suite 3200, Las Vegas, NV 89101-1046**.

MRA of Brain

MRA scan is to include left and right internal carotids, vertebral and basilar arteries as well as the Circle of Willis.

MRI of Brain without contrast

MRI scan is to be performed on a 1.5 or 3.0 Tesla MR machine with capabilities including fast spin echo and FLAIR imaging. Slice thickness is to be 5 mm or less.

Image sequences should include axial T1, T2, and FLAIR images; coronal images should be performed as a T2 coronal through Hippocampus; Coronal Susceptibility Sequence (FFE); and a single sagittal FLAIR.

The radiologist reading the study should use the following checklist while reading the study:

PATIENT INFORMATION:

NAME: _____

DOB: _____ Date of Examination: _____
 Month Day Year Month Day Year

Traumatic Brain Injury (TBI) Associated Findings on 1.5T or greater MRI				
Hippocampal atrophy	None	Mild	Moderate	Severe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavum septum pellucidum	None	Mild	Moderate	Severe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased lateral ventricle size	None	Mild	Moderate	Severe
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilated perivascular spaces	None	Grade I	Grade II	Grade III
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shearing injury (DAI)	Absent	Present	Number of Lesions	
	<input type="checkbox"/>	<input type="checkbox"/>		
Cerebral atrophy	Absent	Present		
	<input type="checkbox"/>	<input type="checkbox"/>		
Pituitary gland atrophy	Absent	Present		
	<input type="checkbox"/>	<input type="checkbox"/>		
Contusions	Absent	Present		
	<input type="checkbox"/>	<input type="checkbox"/>		

Please fax immediate reports to the Nevada State Athletic Commission at **702-486-2577** and to **Dr. Timothy J. Trainor**, Consulting Research Physician for NSAC at **702-740-5328**.

Please place images on a CD and forward to:

Nevada State Athletic Commission
555 East Washington Avenue Suite 3200
Las Vegas, NV 89101-1046.
 Telephone (702) 486-2575
 Fax (702) 486-2577

THANK YOU