



STATE OF NEVADA
ATHLETIC COMMISSION

DATE: _____

FROM: Timothy J. Trainor, MD
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MD License: 12394 Exp: 06/30/2025
Consulting Research Physician
Nevada State Athletic Commission

RE: Test request (**Patient Responsible for Payment**)

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

Please fax immediate reports to the Nevada State Athletic Commission at **702-486-2577**.

MRA of Brain

MRA scan is to include cerebral circulation and 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"/>		

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THANK YOU