



**Vancouver Acute
Department of Radiology Administration**
Jim Pattison Pavilion Ground Floor
Room G940-899 West 12th Avenue
Vancouver, BC V5Z 1M9
Tel 604:875:4355
Fax 604:875:5498

Radiology Department Research Study Requirements

PROTOCOL #: _____

TITLE OF STUDY:

Principal Investigator: _____ Research Department: _____
Study Coordinator: _____ Telephone: _____
Fax: _____ Pager: _____ E-mail: _____

BILLING CONTACT INFO:
Name: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____

Contact in Radiology: _____

PROTOCOL:
Imaging procedure required: 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Start date of study: _____ Anticipated end date of study (if known): _____

Total number of subjects/participants in the study: _____

Number of follow-ups and frequency: _____

Length of Study: _____

Which images require a diagnostic report? _____

Is a specific Radiologist required to report and which images? _____

Which images require a copy on CD? _____