

CT Scan Research Study Template *(Research Coordinator to complete)*

Date: _____

Name of Study: _____

Technique Modifier: _____

Name of Research Coordinator: _____

Email: _____

Description		Yes	No
Is the Radiology Imaging manual provided by the Research Program/Coordinator for this study?			
Is this study MSP Billable?			
Do you require Phantom scan before site being approved for the study?			
Do you require system calibration before each study?			
Do you require Phantom scan before each study?			
Do you require specific exam parameters for this study (KV, mAs, Slice thickness, etc)?			
If yes, please specify:			
KV <input type="checkbox"/> _____			
mAS <input type="checkbox"/> _____			
Pitch <input type="checkbox"/> _____			
Recon 1 <input type="checkbox"/> _____	Kernel <input type="checkbox"/>	Slice Thickness <input type="checkbox"/>	
Recon 2 <input type="checkbox"/> _____	Kernel <input type="checkbox"/>	Slice Thickness <input type="checkbox"/>	
Recon 3 <input type="checkbox"/> _____	Kernel <input type="checkbox"/>	Slice Thickness <input type="checkbox"/>	
Do you require study images to be copied onto CD?	Yes	No	
Do you require study images to be blinded/anonymized?	Yes	No	