

CT Research Study Template *(Research coordinator to complete)*

Date: _____

Name of Study: _____

Technique Modifier: _____

Name of Research Coordinator: _____

Email: _____

Study Protocol: _____

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?		
If yes, please provide documentation stating the parameters to be used.		
Does this study require report from Radiologist?		
Do you require study images to be copied onto CD?		
Do you require study images to be blinded/anonymized?		