

Integrated Medical Imaging Research Requirement Form

Integrated Medical Imaging

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Protocol #:			
Title of Study:			
Name of Principal Investigator:		Research Department:	
Name of Study Coordinator:		Phone:	Email:
Billing Contact Info: Name: Title:		Address:	Phone: Email:
Is this study MSP Billable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require Phantom scan before site being approved for the study? <i>*Please indicate if required before each exam</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require a sample scan before site being approved for the study? <i>*Please indicate if required before each exam</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require specific Imaging exam parameters for this study?	Yes <input type="checkbox"/>	Please provide Imaging manual No <input type="checkbox"/>	
Please list Medical Imaging exam/study required under appropriate modality:			
CT: 1. 2. 3. <i>*contrast required?</i>	MRI: <u>(Can't accept requests until further notice)</u> 1. <i>*contrast required?</i>	Ultrasound: 1. 2. 3.	General Radiology: 1. 2. 3.
Nuclear Medicine : 1. 2. 3.	Interventional: 1. 2. 3.	Biopsy: (If Yes, answer the following) 1. Which modality guidance is right for this request? 2. Is the request for, ➤ Routine clinical sample? ➤ Research specific that requires VGH Lab approval?	Biopsy: (Continue) 3. If research specific biopsy required, contact VGH Lab, obtain the forms required and include in your MI application package submission Lab Contact:
Start date of study:	Anticipated end date of study (if known):	Total # of subjects/participants in the study:	Number of follow-ups & frequency:
Length of study:	Which images require a diagnostic report?	Which images require a copy on CD?	Which images require anonymized or blinded?