Integrated Medical Imaging
Research Requirement Form

Integrated Medical Imaging
VCH Corporate Office
11th Floor-601 West Broadway
Vancouver, BC V5Z 4C2
Email: christina.romero@vch.ca

Protocol #:			
Title of Study:			
Name of Principal Investigator:	**Research Department:**		
Name of Study Coordinator:	**Phone:**	**Email:**	
Billing Contact Info: **Name:**	**Address:**	**Phone**	**Email:**
Contact in Medical Imaging:			
Is this study MSP Billable?	**Yes** ☐	**No** ☐	
Do you require Phantom scan before site being approved for the study?	**Yes** ☐	**No** ☐	
Do you require a sample scan before site being approved for the study?	**Yes** ☐	**No** ☐	
Do you require Phantom scan?	**Yes** ☐	**No** ☐	
Do you require specific Imaging exam parameters for this study?	**Yes** **Please provide Imaging manual**	**No** ☐	

Please list Medical Imaging exam/study required under appropriate modality:

CT: 1. 2. 3.	**MRI:** 1. 2. 3.	**Ultrasound:** 1. 2. 3.	**General Radiology:** 1. 2. 3.
Nuclear Medicine : 1. 2. 3.	**Interventional:** 1. 2. 3.	**GI/GU:** 1. 2. 3.	
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 anonamized or blinded?**

fraserhealth Better health. Best in health care. | Providence HEALTH CARE How you want to be treated. | Provincial Health Services Authority Province-wide solutions. Better health. | Vancouver CoastalHealth Promoting wellness. Ensuring care.