

Nuclear Medicine 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 a sample scan before site being approved for the study?		
Do you require system calibration before each study?		
Do you require Phantom scan?		
Do you require specific exam parameters for this study (Amount of radioactive tracer, specific time delays or camera, special views)?		
Does this study require report from the Nuc Med Physician?		
Do you require study images to be copied onto CD?		
Do you require study images to be blinded/anonymized?		