

# Integrated Medical Imaging Research Requirement Form

Integrated Medical Imaging

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