

Please complete all sections and questions. Please attach addendums for imaging requests with page and/or section reference as written in the protocol document.										
Study Name: <input type="checkbox"/> Pilot Study <input type="checkbox"/> Research Study					Funding:	Peer-Reviewed <input type="checkbox"/> Industry-Funded <input type="checkbox"/>	Protocol Number:			
					Industry Funded: Name, address:					
					Peer Funded: Name, address: Please indicate allocated funds for radiology services: \$ _____					
# of Patients/Subjects:			Length of Study (mths/yr)		Record Retention Requirements? <input type="checkbox"/> Yes No.of yrs_____ <input type="checkbox"/> No					
Research Coordinator: (Name, Address &/or Box # & contact #)			Principle Investigator: (Name, Address &/or Box # & contact #)		For Radiologists (In-House Investigative Team): Is there a charge for the professional fee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
					A radiologist must be recruited to all studies. Please identify: Name: _____					
					Are the images being read by a TOH Imaging Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Project Coordinator and/or CRA (Name, contact #)					Please identify if: <input type="checkbox"/> Routine technical protocol <input type="checkbox"/> NON-Routine technical protocol – Must be specified by Imaging Physician					
Name & Address to Invoice:					Will the scans or reports be read by a source outside of DMI? <input type="checkbox"/> Yes <input type="checkbox"/> No					
					Do you require a copy of the Radiologist's report? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Campus (C/G/R)	# of Patients/ Subjects	Examination		# Tests per Patient/ Subject	Indicate as in Brackets					
		Include: Modality; Exam type; contrast; non contrast, etc.			1. Research (R) 2. Clinical CT with contrast: (C– w/contrast) 3. Clinical SOC w/contrast (C-SOC (label req'd)) 4. Clinical (C)	Do you require copies of the scans on CDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Lossless compression <input type="checkbox"/> Charge: \$17/CD Lossy Compression <input type="checkbox"/> Does the CD require being anonymized? Yes <input type="checkbox"/> For Ultrasound CD's, please indicate format: JPEG <input type="checkbox"/> Dicom <input type="checkbox"/> No Additional Research forms, etc. to be completed by radiologists and/or technologists? <input type="checkbox"/> Yes (If yes, describe in summary addendum) <input type="checkbox"/> No				
						Radiation Safety Committee Approval Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
						Radiation Safety Committee Approval Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
						Radiation Safety Committee Approval Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
Brief Executive Summary - please provide a copy of the protocol/study and any additional information including time frames for exams :										

RESEARCH SUMMARY for DEPARTMENT of MEDICAL IMAGING SERVICES REQUESTS

Notes:

- 1) Please enter information and/or answer all sections / questions. Research Summary will be returned if missing information.
- 2) When listing the test(s), please remember to include the following when applicable:
 - a) Modality (e.g. CT, MRI, Gen X-Ray)
 - b) Type of Examination
 - c) Body part(s) being imaged
 - d) # of views (for X-Rays)
 - e) With or without contrast (for CT & MRI)
- 3) For examinations that are Clinically indicated, (Standard of Care(SOC) and/or OHIP billable), please identify if there is any work requested of the Technologist(s) beyond a normal scan (paperwork or otherwise).
- 4) For CT Scans, Clinical/SOC, requiring contrast, please identify these examinations, # of exams/patient with timing as per Research Protocol Study, i.e. 4 wks, 6 wks, 12 wks, etc.
- 5) Please use the section titled "Executive Summary" for any additional information pertinent to the study. A copy of the protocol and/or study should be forwarded with the completed Research Summary.

The DMI Research contact for General Radiography, CT, Sleep Studies, Neurodiagnostics, Nuclear Medicine and Angiography is Linda Barclay, Admin Asst, Civic Campus (613-798-5555 x 1-5041).

The DMI Research contact for MRI and Ultrasound is Brittany Ward (replacing Jenna Parmiter until Sept 2012), Admin Asst, General Campus (613-737-8899, ext 7-2748).

When complete, please send in the Research Summary using one of the following methods:

Preference,

by email to:

- | | |
|---|---|
| a) libarclay@toh.on.ca | b) bward@toh.on.ca |
|---|---|

Or By Internal Mail to:

Linda Barclay
TOH – DMI @ Civic Campus
Box 232

Brittany Ward
TOH – DMI @ General Campus
Box 232