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| **Instructions:**  |
| * **To Edit form, go to the “View” tab, then select “Edit”**
 |
| * **Complete the entire form and submit form to** **radiology-research@nyp.org** **and** **radiology-research@cumc.columbia.edu**
 |
| * Provide a copy of protocol, research plan and imaging manual with this submission. **Identify the protocol page numbers pertaining to the Radiology procedures**
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| **Principal Investigator** |  | **Phone:** |  |
| **Fax:** |  | **Email:** |  |
| **Coordinator** |  | **Phone:** |  |
| **Fax:** |  | **Email:** |  |
| **Financial Administrator** |  | **Phone:** |  |
| **Fax:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Study Title**  |  |
| **Department initiating Study** |  |
| **NIH or Industry** |  | **Sponsor name** |  |
| **Estimated number of subjects to be enrolled in study** |  |
| **Estimated frequency of subject scanning** |  |
| **Estimated start date** |  | **Estimated end date** |  |
| **IRB# *(if not available provide to Radiology when obtained)*** |  | **Clinical Study Trial # (NCT # on clinicalstrial.gov)** |  |

**Please choose all that are required:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Contrast** | **CPT Code(s)**  | **Location**  | **Costs** |
| Procedure | CPT | Location | NYP Technical | CUMC Professional | CUMC 168thSt & 51st St |
|  **CT** [ ]  51st street [ ]  168th street |
| [ ] CT Orbits | [ ] W [ ] W’O[ ] W/W’O |   | [ ] NYP [ ] CUMC |   |  |  |
| [ ] CT Face  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT Head/ Brain  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] Neck | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT Chest  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT Abdomen  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT Abd & Pelvis  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT Pelvis  | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] CT upper extremity  | [ ] W [ ] W’O[ ] W/W’O |   | [ ] NYP [ ] CUMC |  |   |   |
| [ ] CT lower extremity | [ ] W [ ] W’O[ ] W/W’O |   | [ ] NYP [ ] CUMC |  |   |   |
| Procedure | CPT | Location | NYP Technical | CUMC Professional | CUMC 168thSt & 51st St |
| [ ] Cervical spine | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] Thoracic spine | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] Lumbar spine | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ]   | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ]   | [ ] W [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| **NUCLEAR MEDICINE and BONE DENSITY**  |
| Procedure | CPT | Location | NYP Technical | CUMC Professional | CUMC 168thSt & 51st St |
| [ ] Whole Body Bone Scan  |  | [ ]  NYP |  |  |  |
| [ ] MUGA  |  | [ ]  NYP |  |  |  |
| [ ]    |   | [ ]  NYP |  |  |  |
| [ ]    |   | [ ]  NYP |  |  |  |
|  **MRI** [ ]  51st street [ ]  168th street |
| [ ] Face, Neck, Orbits | [ ] W’O [ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] MRI Brain  | [ ] W’O [ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] MRI Chest  | [ ] W’O [ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] MRI Abdomen  | [ ] W’O [ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] MRI Pelvis  | [ ] W’O [ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ]        | [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ]   | [ ] W’O[ ] W/W’O |  | [ ] NYP [ ] CUMC |  |  |  |
| [ ] MRI Breast  | [ ] W’O [ ] W/W’O |  | [ ]  NYP |  |  |  |
| **X-RAYS** |
|  | 1 view | 2 view | CPT | Location | NYP Technical | CUMC Professional | CUMC 168thSt & 51st St |
| [ ] Chest  | [ ]  | [ ]  |  | [ ]  NYP |  |  |  |
| [ ] Skeletal survey | [ ]  | [ ]  |  | [ ]  NYP |  |  |  |
| [ ]   | [ ]  | [ ]  |  | [ ]  NYP |  |  |  |
| **ULTRASOUND** |
| [ ]  Abdomen  | [ ]  complete | [ ]  limited |  | [ ]  NYP |  |  |  |
| [ ] Breast  |       |       | [ ]  NYP |  |  |  |
| [ ]       |       |       |  | [ ]  NYP |  |  |  |
| **PET Scan and PET/CT** |
| Procedure | CPT | Location | NYP Technical | CUMC Professional | CUMC PET Center 168thSt  |
| [ ] FDG, if required, per dose |  | [ ] CUMC |  |  |  |
| **[ ]** Other tracer: |  | [ ]  CUMC |  |  |  |
| [ ] Brain PET  |  | [ ] CUMC |  |  |  |
| [ ] PET Whole Body Scan (head to toe) NOT SUITABLE FOR RECIST |  | [ ]  CUMC |  |  |  |
| [ ] PET/CT Skull to mid-thigh NOT SUITABLE FOR RECIST |  | [ ]  CUMC |  |  |  |
| **[ ]** |  | [ ]  CUMC |  |  |  |
| **[ ]** |  | [ ]  CUMC |  |  |  |
|  **BIOPSY AND GUIDANCE** [ ]  51st street [ ]  168th street NYP |
| Procedure | CPT | Location | NYP Technical | CUMC Professional | CUMC 51st Street |
| [ ]  CT guidance |  | **[ ]  NYP** |  |  |  |
| [ ]  US guidance |  | **[ ]  NYP** |  |  |  |
| [ ]  Biopsy, location may vary (eg liver) |  | **[ ]  NYP** |  |  |  |
| [ ] Renal biopsy |  | **[ ]  NYP** |  |  |  |
| [ ] Lung biopsy |  | **[ ]  NYP** |  |  | **Not performed** |
| [ ] Lymph node –core needle or excisional LN biopsy |  | **[ ]  NYP** |  |  |  |
| [ ]       |  | [ ] NYP |  |  |  |
| **PHANTOM SCANS and SET-UP SCANS****Notes: Phantom test scans: the sponsor must provide the phantom object and the cost of the exam will be charged.** **•Phantom Scan Protocol is required for review.**Phantom Scan ☐ Frequency \_\_\_\_\_\_\_Special Calibrated Device (Phantom) ☐ Frequency  Human Volunteer ☐ **Set –up** [ ]  **(baseline)** | **Please Note:****•Human Volunteer scans: The cost of the exam will be charged if imaging is performed on a volunteer.** **•Test scans on human volunteers require that the volunteer be consented under the study protocol.** |
| **TUMOR ASSESSMENT READS** | **[ ]** RECIST[ ] CHESSON [ ] OTHER  |  |
| **Data Transmission/ Transfer Cost**  | **[ ]** de-identified CDs / FTP transfers  |  |

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| **Further Instructions and Notes from Dept. of Radiology Note not all may be required for your study**  |
| **For NIH / Foundation studies that require RASCAL-PT approval from Radiology*** At the time of Cost Estimate submission and Initial Budget review:
* for CUMC Radiology Dept approval - please add Rae Vagg
* for NYP Radiology Dept approval – please add Kate Spaziani
 |
| **Prior to the start of the study:*** One month prior to first subject scan For NYP/ CHONY/ CUMC location scans:
* Email Directors/ contacts of the Radiological Centers for a Start-up meeting:

IRB #, PI name, (updated) approved Protocol, Imaging guidelines / manual, IRB approval, JRSC packet and approval, chart string |
| * Note: following the review of the imaging guidelines and protocol, a Research Protocol has to be built into the scanner by the Radiologist, hence the request for imaging protocol 1 month prior to first subject scan.
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| **PI Signature** |  | **Date Signed**  |  |
| **Date submitted**  |  |