**Imaging Research Office**

***Study Information Sheet***

**IRB Information**

|  |  |
| --- | --- |
| **Date** |  |
| **NCH IRB/STUDY #** |  |
| **Study Title** |  |
| **Principal Investigator** |  |
| **Department** |  |
| **Main Study Contact** **(name, email, phone)** |  |
| **Funding Source** | [ ]  Non-Industry (Internal, Society, Federal) [ ]  Industry (Company)  |
| **Lawson/Grant #** |  |
| **Estimated Imaging Budget** |  |
| **Study Dates** | Start date: End date: |
| **Total Enrollment** | NCH subjects: Other sites (if applicable): |
| **Patient Type(s)** | [ ]  Outpatient [ ]  Inpatient [ ]  ED  |
| **Additional Comments** |  |

**Study Protocols**

|  |  |  |
| --- | --- | --- |
| **Is CRS involved in this study?**  | [ ]  Yes [ ]  No  | Study coordinator:  |
| **Is this an amendment to an existing study?** | [ ]  Yes [ ]  No  | Key changes:  |
| **Study Protocol***Details of study enrollment and patient workflow* | [ ]  Attached [ ]  Requested  | Details:  |
| **Imaging Protocol** *Specific imaging parameters (scanner, sequences, tracer, procedure, duration)* | [ ]  Attached [ ]  Requested  | Imaging requirements & details: |
| **CRO Imaging Contact** | [ ]  Provided [ ]  Requested  | Name: Email: Phone:  |

**Imaging Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **MODALITY****(all applicable)** | **PROCEDURE & BODY LOCATION****(all applicable)** | **Payment/Funding** | **Imaging****Protocol** |
| **MRI** [ ]  | [ ]  Head [ ]  Neck [ ]  Chest [ ]  Abdomen/Pelvis[ ]  Spine [ ]  Upper Limb [ ]  Lower Limb Scanner needed (if known): | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **CT** [ ]  | [ ]  Head [ ]  Neck [ ]  Chest [ ]  Abdomen/Pelvis[ ]  Spine [ ]  Upper Limb [ ]  Lower Additional details: | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **Ultrasound** [ ]  | Indication, body part(s), techniques: | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |

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| **Interventional Radiology** [ ]  | Indication, body part(s), techniques: | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **Nuclear Medicine** [ ]  | [ ]  PET [ ]  SPECTIndication, body part, radiopharmaceutical:  | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **X-ray** [ ]  | [ ]  Head [ ]  Chest [ ]  Abdomen [ ]  Pelvis[ ]  Spine [ ]  Upper Limb [ ]  Lower Limb  | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **Fluoroscopy** [ ]  | [ ]  GI [ ]  GU [ ]  MSK [ ]  Video Swallow | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |
| **DEXA** [ ]  | [ ]  Spine [ ]  Forearm [ ]  Femur [ ]  Hip [ ]  Whole Body | [ ]  Insurance [ ]  Grant  | [ ]  SOC [ ]  Special  |

**Additional Considerations**

|  |  |  |
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| **Are NCH Radiology members involved in the study?**  | [ ]  Yes [ ]  No  | Please list all names and roles (e.g. Co-PI, Co-I, Physicist, Technologist, Study Coordinator): |
| **Might sedation/anesthesia be needed?****Might you need the help of Radiology Child Life specialists?** | [ ]  Yes [ ]  No  | Details: |
| **Are CDs / DVDs of images needed?****Is image anonymization required?***CD creation involves a standard processing fee from the Radiology Film Library.* | [ ]  Yes [ ]  No  | Details:  |
| **Is postprocessing of images by NCH Radiology staff needed?***Unless otherwise budgeted, data anonymization and image transfer will primarily be the responsibility of the study team.* | [ ]  Yes [ ]  No  | Details:  |