**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  SPECT  Indication, 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**

|  |  |  |
| --- | --- | --- |
| **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: |