

EMORY UNIVERSITY RADIOLOGY CHECKLIST

To be completed Pre-award for any study with protocol mandated Radiology procedures

PI Name _____ Department _____
 IRB # _____ Proposed # of subjects at Emory _____
 Study Title/Acronym _____

Person submitting this form _____
 Phone _____ E-mail _____

- 1) Is there an imaging manual or imaging directive provided by the sponsor? Y_____ N_____

If yes, please e-mail the document to shannon.fuqua@emory.edu along with this checklist.
- 2) Is there required pre-study imaging of phantoms, QC scans, dummy runs, etc? Y_____ N_____

a. If yes, please arrange with the sponsor for payment for these scans prior to study start.
- 3) Are there non-standard imaging protocols to be used in this trial/study? Y_____ N_____
 - a. If yes, do you have a collaborator in Radiology for this project? Y_____ N_____
 - b. If yes who is it? _____
 - c. If no & a collaborator is needed, please contact Elizabeth Krupinski, PhD Vice-Chair of Research, Department of Radiology and Imaging Sciences at 404-712-3868 or ekrupin@emory.edu
- 4) Are biopsies required or possibly required for this trial? Y_____ N_____
 - a. To be performed by whom? Radiology_____ Other Department_____
 - b. Has Pathology been informed if their services are required? Y_____ N_____
 - c. If no please contact Michelle Reid, MD Director of Cytopathology at 404-686-1995 or michelle.reid@emory.edu
- 5) Will any part of this study be conducted at **Grady Hospital**? Y_____ N_____
- 6) **Instructions:** Choose exams and enter # of times needed per subject. Also indicate if scan/imaging is a **Standard** exam (*meaning:* standard acquisition protocol currently in use in Radiology and standard report generated by Radiologist) or a **Non-Standard** exam (*meaning:* any services needed beyond the above Radiology standard); and whether **RECIST, CHESON, RANO** or other measurements are required.

Exam	# of exams	Standard exam with or without read	Non-standard exam requiring radiology collaboration	RECIST, CHESON, RANO require?
Chest x-ray				
DEXA Scan				
Extremity				
Mammogram				
CT of Head/neck				
CT of Brain				
CT of Chest				
CT of Abdomen				
CT of Pelvis				
CT of Spine				
CT Other _____				
MR of Head/neck				
MR of Brain				
MR of Chest				
MR of Abdomen				

MR of Pelvis				
MR of Breast				
MR of Spine				
MR Cardiac				
MR Other _____				
US Carotid				
US Abdomen				
US Thyroid				
US Kidney				
US Extremity				
US Other _____				
Other _____				

Nuclear Medicine*

Exam	# of exams	Standard exam with or without read	Non-standard exam requiring radiology collaboration	RECIST, CHESON, RANO require?
MUGA				
Bone Scan				
PET/CT				
Myocardial Perfusion				
VQ Scan				
Thyroid				
Other _____				

*An Authorized User is required if the Nuclear Medicine scan is research driven or uses a non-standard radiotracer. Will an Authorized User Form be required? Y_____N_____ ***If a non-standard radiotracer will be used the Director of Nuclear Medicine should be consulted to determine a budget.***

If yes, download the form (Human Studies Application for Radionuclide Use – found at www.ehso.emory.edu). Fill in your PI’s contact info, title of study, IRB #, purpose of trial and # of subjects and controls. E-mail the form and your study protocol to Shannon Fuqua, RN at shannon.fuqua@emory.edu. She will return the completed form to you after review and sign-off by our Nuclear Medicine Director.

ATTENTION COORDINATORS: IF A STUDY NEEDS IMAGES SENT TO A SPONSOR/CORE LAB, THE COORDINATOR **MUST REQUEST** A BURNED CD FROM THE RADIOLOGY FILE ROOM. **THERE IS A FEE FOR THE SERVICE SO IT MUST BE INCLUDED IN THE TRIAL BUDGET.** RADIOLOGY WILL NOT BE RESPONSIBLE FOR SENDING ANY IMAGES ELECTRONICALLY TO OUTSIDE ENTITIES NOR WILL THEY SHIP CDS.