**EMORY UNIVERSITY RADIOLOGY CHECKLIST**

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

Effective February 1, 2023 there will be a processing fee of $500 *only* for externally industry-funded projects not internally funded projects (e.g., Winship, SOM), NCI cooperative trials or grants. Nuclear Medicine scans requiring an Authorized User for research driven and non-standard radiotracer use will be charged a $500 fee when Radiology is the Authorized User on a trial *only* for externally industry-funded projects not internally funded projects (e.g., Winship, SOM), NCI cooperative trials or grants unless the Authorized User is already included in the funding for the project (highly encouraged for grants).

PI Name Department

IRB # Proposed # of subjects at Emory

Study Title/Acronym

Person submitting this form

Phone E-mail

1. Is this a funded study? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
2. If yes, is the funded internal (e.g., Emory, Winship, SOM, dept) or external? Internal\_\_\_\_ External\_\_\_\_
3. If externally funded, is it industry or grant/foundation? Industry\_\_\_\_\_\_ Grant/foundation \_\_\_\_\_\_\_
4. 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](mailto:shannon.fuqua@emory.edu) along with this checklist.

1. Is there required pre-study imaging of phantoms, QC scans, dummy runs, etc.? Y\_\_\_\_\_ N\_\_\_\_
   1. If yes, the cost will be included in the radiology processing fee.
2. Are there non-standard imaging protocols to be used in this trial/study? Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_
   1. If yes, do you have a collaborator in Radiology for this project? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_
   2. If yes who is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. 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](mailto:ekrupin@emory.edu)
3. Are biopsies required or possibly required for this trial? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
   1. To be performed by whom? Radiology\_\_\_\_\_\_\_\_\_\_\_ Other Department\_\_\_\_\_\_\_\_\_\_\_
   2. Has Pathology been informed if their services are required? Y\_\_\_\_\_\_\_\_\_ N \_\_\_\_\_\_\_\_
   3. If no please contact Michelle Reid, MD Director of Cytopathology at 404-686-1995 or [michelle.reid@emory.edu](mailto:michelle.reid@emory.edu)
4. Will any part of this study be conducted at **Grady Hospital**? Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
5. **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.

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| **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\***

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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
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\*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](http://www.ehso.emory.edu)). Fill in 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](mailto:shannon.fuqua@emory.edu). She will return the completed form after review and sign-off by our Nuclear Medicine Director.

**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 INDUSTRY TRIAL BUDGETS. RADIOLOGY WILL NOT BE RESPONSIBLE FOR SENDING ANY IMAGES ELECTRONICALLY TO OUTSIDE ENTITIES NOR WILL THEY SHIP CDS. IF YOU REQUIRE HELP WITH ANONYMIZATION OF IMAGES PLEASE LET US KNOW.**

**To be completed by radiology: Radiology Processing Fee Applied \_\_\_\_\_\_\_\_\_\_Authorized User Fee Applied \_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature Date**