

## Minimum Information Required for Radiology Studies (CRC or RI/CTO)

Please provide the following information for all research studies that involve Radiology Procedures:

- ❑ Principal investigator (department and phone number):
- ❑ Radiological Co-investigator (TCH Radiologist?):
- ❑ Is co-investigator funded? Yes /No by whom?
- ❑ Guarantor (CRC or RI):
- ❑ Project coordinator and phone number:
- ❑ Project title:
- ❑ Synopsis of study:
- ❑ Hypothesis of study:
- ❑ Patient status at time of exam:
- ❑ Research funding source and cost center:
- ❑ Number of patients in study:
- ❑ Number and type of exams requested for each patient:
- ❑ Expected start date:
- ❑ Project period (i.e., 6 months, 5 years, etc.):
- ❑ RSR form with header filled in (CRC or RI will generate this form)

This section to be filled out by radiology department

- Radiologist approved (Name):
- Radiologist disapproved (Name and reason for disapproval)
  
- Date signed:
- Special instructions:
  
- Study name and exam code (code will begin with “ST”):
- SIMs number established:
  
- Number of technologists involved in exam:
  
- Percentage of discount for study: