Registration Form for New Imaging Studies
(tab through form to fill out complete document)

SECTION I:

Date of Submission: ________

Title of Research Project: ________

Expected Start Date: ________

Principal Investigator & Coordinator Contact Information:

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<th>Name</th>
<th>Phone</th>
<th>Pager</th>
<th>Email</th>
<th>Campus Box</th>
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Department Name__________

4-Digit Department Number: “Billing Department (where invoices are electronically sent)”: ________

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Number of subjects expected to be enrolled: ________

Sponsor:

- Cooperative Group
- Department
- Grant (see below for required information)
- Industry Sponsor: ________

- MIR Funded
- Just In Time (MIR-JIT)

Services Being Requested (please select all that apply):

- CT
- PET/CT
- MRI (3T / 1.5T)
- mMR (MRI/PET) pick a Mode: Dual Mode, Single Mode: PET only, MRI only

Exam room, Nursing

SECTION II:

IRB/HRPO Number: ________

Fund Number: ________

RDRC Number (if applicable): ________

- Not Applicable, life expectancy is <5yrs.
  - Authorized user for radioactive drugs: ________
  - Please list radioactive drugs to be used: ________

NOTE: Submit the RDRC final approval, Dosimetry table and IMPACT table

Campus Box 8223, 510 South Kingshighway, Saint Louis, Missouri 63110-1076
(314) 747-2300 Fax: (314)-747-9331
SECTION III:

- Do you have the sequences for your scan already built?  
  - NO  
  - YES  
  - N/A
  - If so, where is the sequences currently being used—east building, clinical side, CCIR?  
    - If in the CCIR, what project number is it being used under? ______
  - If not, will you need development time prior to starting the study to build it on the CCIR scanners?  
    - NO  
    - YES

- Will you be using contrast?  
  - NO  
  - YES  
  - N/A

- Do you need study coordination, or will your research team be handling the subject throughout the study?  
  - NO  
  - YES

- Do you need any nursing assistance? For example, to start IV, do an EKG, etc?  
  - NO  
  - YES, explain: ______

- Will you need the use of a consult/exam room while you are on our unit?  
  - NO  
  - YES, how much time: ______

- How do you want the data distributed? Effective July 1, 2012, CCIR will no longer offer burning images on a CD or DVD. Alternatively, more cost effective and reliable sources are listed below for your data archiving and retrieval needs.
  - Research team burn own DVD/CD or upload to encrypted flash drive
  - Other method via special arrangements (explain): ______________
  - Retrieval of data from CNDA
    - For more information about the CNDA, contact the CNDA help disk: cnda-help@wustl.edu or view their informational page at: http://cndahelp.wikispaces.com/
    - List users below with the level of access required.

Level of access:

- “Owners” (O) will be able to access, edit, and delete project data and alter the access settings for other users.
- “Members” (M) will be able to access, edit, and delete data.
- “Collaborators” (C) will be able to access data only.

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<th>M</th>
<th>C</th>
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Personnel List Names of Personnel (including PI)  

E-mail address  

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E-mail address  

• Does the data need to be integrated into the participant’s medical record (i.e. ClinDesk)?
  □ NO □ YES

• Are any of the imaging time points considered Standard of Care (SOC) and will be charged to the subject’s insurance?
  □ NO □ YES
  o If yes, provide which time point it SOC: ________.
  o If yes, provide a justification for the need to perform the SOC imaging in the CCIR rather than on a hospital scanner: ________.

• If there are any abnormal findings on any of the images, what are your plans on handling the results (explain): ________.

• Are you collaborating with a radiologist? If so, who: ________

• Does the data need to be transmitted to an off-site location (i.e., ftp)?
  □ NO □ YES If yes, who will the ftp the data: ________

SECTION IV (grant information for ICTS reporting):

<table>
<thead>
<tr>
<th>Column Heading</th>
<th>Description of Needed Information</th>
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<tr>
<td>Funding agency</td>
<td>If funded, provide the name of the agency that is funding this project (ex: NIH, Doris Duke Foundation).</td>
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<tr>
<td>Funding Agency number (federal awards only)</td>
<td>If federally funded (PHS or non-PHS), provide the number given to this award by the funding agency. This may be a combination of letters and numbers. This number is not the same as the internal fund number (ex: NIH = R01NS069384).</td>
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<tr>
<td>Principal Investigator of grant/study</td>
<td>Provide the first and last name of the PI of the grant/study for which services were provided. This may or may not be the Investigator who requested the service.</td>
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<td>AIDS Research</td>
<td>Check “yes” or “no” in this field if the corresponding study is AIDS research focused.</td>
</tr>
<tr>
<td>Pediatric Research</td>
<td>Check “yes” or “no” in this field if the corresponding study is Pediatric research focused (defined as involving research subjects less than 21 years of age).</td>
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<tr>
<td>NIH Defined Clinical Trial</td>
<td>Check “yes” or “no” in this field if this project has been registered on <a href="http://www.clinicaltrials.gov">www.clinicaltrials.gov</a></td>
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To ensure CCIR has the current version of the protocol and consent, please engage Betsy Thomas (thomasbe@wustl.edu) to your project in the myIRB system.

☐ Check here if you agree to add Betsy Thomas to the project in myIRB.

If you do not want to engage Betsy, please submit an electronic version of the IRB approved protocol and informed consent form to Robin Link (linkr@mir.wustl.edu).