

Nuclear Medicine Research Study Template *(Research Coordinator to complete)*

Date: _____

Name of Study: _____

Technique Modifier: _____

Name of Research Coordinator: _____

Email: _____

Study Protocol: _____

Description	Yes	No
Is the Radiology Imaging manual provided by the Research Program/Coordinator for this study?	<input type="checkbox"/>	<input type="checkbox"/>
Is this study MSP Billable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require Phantom scan before site being approved for the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a sample scan before site being approved for the study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require system calibration before each study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require Phantom scan?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require specific exam parameters for this study (Amount of radioactive tracer, specific time delays or camera, special views)?	<input type="checkbox"/>	<input type="checkbox"/>
Does this study require report from the Nuc Med Physician?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require study images to be copied onto CD?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require study images to be blinded/anonymized?	<input type="checkbox"/>	<input type="checkbox"/>