

**PET/CT Study Application**

**Imaging Service:  PET/CT  CT scan only**

**Instructions:**

* Review CSIC policies and guidelines (<https://www.cores.emory.edu/csic/>) before completing this application.
* Contact Elizabeth McCorkle (PET/CT Research Technologist) at [elizabeth.mccorkle@emory.edu](mailto:elizabeth.mccorkle@emory.edu), 404-727-1264, to discuss PET/CT research support processes and to confirm CSIC can support study’s imaging requirements.
* The IRB (or IACUC) approval letter, an approved IRB (or IACUC) Study Protocol, and Informed Consent Form (human studies) are required before a new study can be entered into the CSIC system to allow access to schedule PET/CT equipment use. For PET scans, an approved EHSO *Human Use of Radiation* approval form and Radiopharmaceuticals order form with PI acct number are also required.
* Email completed application and required documents to [joy.staulcup@emory.edu](mailto:joy.staulcup@emory.edu) (CSIC Operations Mgr).

**Section A: Application Type and Study Details**

Please check the appropriate application type below (allows CSIC to track the various types of research support uses of core imaging equipment). ***Note****: All study types require SpeedType to bill for core imaging equipment use and require IRB approved protocol and ICF for human subject scans, or approved IACUC protocol for any animal scan).*

**Funded Study** (FS) – *imaging service to support grant/sponsor-funded research protocols*

**Pilot Study** (PS)– *imaging service to support data gathering for investigator grant proposal*

**Technical Development Study (**TDS) *– use of core equipment to develop/test new imaging techniques for investigator imaging protocol. Please include a separate page that describes investigator technical development study needs in more detail to submit with this application.*

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| Primary Principal Investigator Name (PPI): | Study Project Coordinator (PC): |
| PPI Contact #: | PC Contact #: |
| PPI Email: | PC Email: |
| **Department/Organization**:  **SpeedType**:  (Required for billing PET/CT core equipment use.)  **Project Title**:  **Expected Duration of Study: Total Number of Scan Sessions:** | |
| Data Transfer/Storage:  FTP  DICOM  Other (explain): | Person Responsible for Data Transfer/Storage: |

**Section B: Certification / Compliance *Note: All regulatory approvals required before CSIC equipment can be scheduled. If animal PET/CT scan is needed, please contact CSI Operations Manager for additional instructions.***

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| **Human Subject Approval** - **IRB #**: **Expiration**:  N/A – Explain: | |
| **Radioactive Materials (PET scans):**  None  N/A - approval not necessary  Human Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Radiation Sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Biohazards:**  None  N/A - approval not necessary  Recombinant DNA/RNA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |