

**PET/CT Study Application**

**Check one:  PET scan only  CT scan only  Both**

**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 (check one)**

**Funded Study** (FS)  **Pilot Study** (PS)  **Technical Development Study (**TDS)

* For a Funded Study application, complete sections A and B only of the application.
* For a Pilot Study or Technical Development Study application, complete sections A, B, and C of the application (these study applications require approval of the CSIC Director/Program Directors).

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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 equipment use and any add-on services, or billing add-on services for pilot/technical devel studies.)  **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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section C: Pilot Study or Technical Development Study Supporting Information**

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| **PI Name**: |
| **Title:** |
| **Hypothesis:** |
| Please provide more details to support your Pilot Study or Technical Development Study in the space below. The information should include the following sections: ***1) Background and Specific Aims; 2) Experimental Methods (emphasizing need for PET/CT); and 3) Plans for Obtaining Funding***. The PS or TDS application will be reviewed based on its scientific merit, impact, potential for external funding and feasibility. This additional information (excluding references) should be limited to the remainder of this page, and one additional page only if needed. Return completed application and supporting detail information via email to ([**joy.staulcup@emory.edu**](mailto:joy.staulcup@emory.edu)). ***Note:*** For extension of a continuing study, summarize the scope and progress in the previous period, and if applicable, describe new goals and new capabilities required of the equipment. |