VUMC Department of Radiology
Phantom/Cadaver Imaging Request
(This form should not be used for phantom scan requests related to clinical trial qualifications.)

This portion to be completed by researcher:

Principle Investigator (PI):
Research Study/Project Name:
VU or VUMC department?
Dept. contact name:
Contact phone #:
Cost center#:
Has cost center been activated in iLAB system?
Please check imaging modality needed:
Modality: _____CT _____MR _____NM _____PET _____US _____XR _____DEXA
Describe scope of work/request:

This portion to be completed by Radiology staff:

Technologist completing scan(s):
Date scan(s) completed:
Time spent : ___15 min ___30min ___45min ___60min ___Other:
(All Radiology staff time/effort will be charged in 15 minute increments.)

This portion to be completed by Clinical Trials Radiology Support Core:

Amount billed:
Date billed:
Invoice number:
Notes:

-Researcher will email phantom/cadaver scan request form to: Clinical Trials Radiology Support Core at radiologysupportcore@vanderbilt.edu.
-Clinical Trials Radiology Support Core will forward request on to the appropriate Radiology manager.
-Radiology modality manager will contact the researcher to arrange time slot(s) for completion of requested services.
-Radiology modality manager will deliver completed forms to the Clinical Trials Radiology Support Core.
-Contacts and pricing can be found at: https://medschool.vanderbilt.edu/radiology-support-core