

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>