



Request for Authorized User for Research PET

Primary Investigator Information:	
	We are requesting the services of a Radiologist or Nuclear Medicine Physician to serve as an authorized user for our PET research project.
Is this for a New Project or Renewal? (circle one)	
Brief Description of Imaging Protocol:	
Radiotracer(s) & Dose Amount(s):	
Notes (e.g., protocol changes):	
Primary Investigator (printed):	
Signature:	
Date:	
Authorized User Approval	
	I give my approval to serve as the Authorized User for the above research PET project.
Authorized User Signature:	
Name (printed):	
Date:	

Note: This form is for PET studies performed at the **VUIIS Human Imaging Core ONLY.**

Vanderbilt University Institute of Imaging Science | Human Imaging Core
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