



# Radiology Logistics Implementation Review

<b>Protocol Name:</b>			
<b>CRU:</b>			
<b>Title of study:</b>			
<b>Sponsor:</b>			
<b>PI name and info:</b>			
<b>Radiologist collaborator name:</b>			
<b>Study coordinator name and info:</b>			
<b>Regulatory coordinator name and info:</b>			
<b>Financial coordinator name and info:</b>			
<b>eIRB #:</b>		<b>IRB start date:</b>	
<b>How will Imaging be Billed?</b>		<b>Notes concerning billing</b>	
<b>Fund Code:</b>			
<b>Is the study NIH funded? (Please include group or corporate code)</b>			
<b>Imaging CRO name and contact information (if applicable):</b>			
<b>Site Survey</b>		<b>Form included?</b>	
<b>De-IDENTIFICATION required?</b>		<b>RECIST</b>	
<b>Modalities Involved with study</b>			
<b>Parts of Protocol that are research s (nonclinical )</b>			
<b>Parts of Protocol that are clinical scans</b>			
<b>How many subjects in study?</b>			

**Pertinent Imaging information:**