**YALE SCHOOL OF MEDICINE**

***Department of Radiology and Biomedical Imaging***

**Clinical Trials Office**

**YDR-CTO Image Research Request Form**

*All research studies utilizing Diagnostic Imaging hospital/affiliated facilities imaging equipment or research studies requesting a Diagnostic Radiology clinical services and clinical research coordinator must be reviewed and approved by the YDR CTO Committee. All investigators must complete this YDRCTO form (there is a single approval process for both YNHH and the university department). Please complete and submit to ydrcto@yale.edu along with the protocol and imaging reference. Once submitted, it will be sent for review to the appropriate hospital staff. Study staff will receive approval documentation with CPT codes and fees upon approval which may take up to 4 weeks.*

**TRIAL DETAILS:**

Protocol Number:

NCT Number:

Trial Arm:

Sponsor Protocol Number:

Sponsor Short Title:

Full Clinical Trial Title:

Description:

Estimated Start Date:

Target Enrollment:

Treatment Name:

Trial Sponsor:

Phase:

**SITE AND STAFF:**

Therapeutic Area:

 Anesthesiology

 Child Study Center

 Dermatology

 Diagnostic Radiology

 Emergency Medicine

 Geriatrics

 Internal Medicine

 Interventional Radiology

 Laboratory Medicine

 Neurology

 Neurosurgery

 Obstetrics, Gynecology & Reproductive Sciences

 Oncology -Cancer Center

 Orthopaedics & Rehabilitation

 Pathology

 Pediatrics

 Psychiatry

 Surgery

 Therapeutic Radiology

 Urology

Participating Sites (if applicable):

Therapeutic Area Sub Groups (if applicable):

Principal Investigator:

Primary Contact:

**IMAGING & ASSESSMENT:**

Imaging Modalities

 Bone Scan

 CT Abd/Pelvis

 CT Abdomen

 CT Ch/Ab/Pelvis

 CT Chest

 CT Extremity

 CT Head

 CT Neck

 CT Pelvis

 MG

 MR Ab/Pelvis

 MR Abdomen

 MR Brain

 MR Chest

 MR Extremity

 MR Neck

 MR Pelvis

 MR Spine

 PT/CT

 PT/MR

 US

 XA

 Other

Image Transfer Required: Yes/No

Upload to sponsor Required: Yes/No

Approximate Number of Exams/Patients:

Payor of Scans:

 □ Standard of Care

 🞏 Not Standard of Care

 □ Standard of Care

**IRB APPROVAL & BILLING**

IRB Status:

 □ Approved

 □ Pre-Submission

 □ Submitted

COA:

**COMMENTS**

Additional Comments:

**Once submitted to YDRCTO@yale.edu, this trial request will be entered into the department’s database for approval.**