

# CLINICAL TRIAL IMAGING REQUEST

UIHC Radiology Core Lab (RCL)  
3500 JPP Phone: 319-335-0114

## STUDY INFORMATION

Study Title	
Brief Study Description	
Imaging Assessment (i.e. RECIST 1.1, Deauville)	
IRB Protocol Number: <i>Clinical Trials.gov</i> NCT Number:	
Study Request Date Start	
Estimated Number of Patients and Total Scans	

## INVESTIGATOR INFORMATION

Requesting Institution	
Requesting Department	
Principal Investigator	
PI Email/Phone	( ) -
Secondary Contact Person	
Contact Email/Phone	( ) -

## BILLING INFORMATION

Funding source	
MFK Number	

## ADMINISTRATIVE USE ONLY

Date		Account number	
Committee Approval		Investigator Code	
Estimated Completion Date		CPT Code	