



MEDICAL IMAGING

Date Requested:	
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Principal Investigator:	
E-Mail Address:	
Local:	

REB #:	
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Study Start Date:	
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Primary Contact:	
E-Mail Address:	
Local:	

Study End Date:	
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Length of Study (yrs):	
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Project Title:	
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Type of Study:	<input type="radio"/> Unfunded <input type="radio"/> Grant-Funded <input type="radio"/> Industry-Sponsored <input type="radio"/> Standard of Care
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Funding Source:		Grant Number:	
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Imaging Requested:	<input type="radio"/> X-Ray/Fluoroscopy	<input type="radio"/> Cath Lab/IR/Cardiac	<input type="radio"/> CT Scan
	<input type="radio"/> Ultrasound	<input type="radio"/> Nuclear Medicine	<input type="radio"/> DEXA
	<input type="radio"/> MRI	<input type="radio"/> Review of Images	

Specific Tests Requested:	No. Subjects	No. Tests	Cost/Test	Total Cost
Clinical Services (interpretation, reporting)			\$225.00/hour	
Technical Services (anonymization)			\$75.00/hour	
Clerical Services (transfer to disc, PACS, etc)			\$50.00/hour	
Tumor Measurement/Response Assessment Form			\$40.00/scan	
Other Services				
Project Review/Administration Fee	-	-	-	\$150.00

RESEARCH UTILIZATION FORM

- This form must be completed in order to access diagnostic imaging services from the Department of Radiology.
- Please submit your request to the Department of Radiology by sending an e-mail with your study proposal and resource utilization form to miresearch@cw.bc.ca.
- The expected turn-around time for review and/or approval/rejection of your request will be 2 weeks. Availability of Departmental Reviewers and the complexity of your study may delay the turn-around time for some projects.
- Once your study has been approved by the UBC C&W Research Ethics Board and you have been issued a *Certificate of Approval*, we will require an electronic copy of the *Certificate* for our records. Would you please e-mail your *Certificate* as an attachment to miresearch@cw.bc.ca.
- In order to help you estimate the costs associated with your study, please refer to the following guide:

Project Review & Administration Fee	\$150.00
Clinical Services (interpretation, reporting)	\$225.00
Technical Services (anonymizing, etc)	\$50.00/hour
Clerical Services (image copying, etc)	\$50.00/hour
Unfunded Studies	MSC ¹ Fee Schedule (Technical ± Professional Fees)
Grant-Funded Studies	MSC ¹ Fee Schedule + 20%
Industry-Sponsored Studies	MSC ¹ Fee Schedule + 50%

- Please contact miresearch@cw.bc.ca if you require a costing estimate for your study.

¹ MSC=Medical Services Commission

Approval:

_____ Date	_____ Supervisor, CT/General Procedures
_____ Date	_____ Supervisor, MRI/IR
_____ Date	_____ Supervisor, Nuclear Medicine
_____ Date	_____ Supervisor, Ultrasound
_____ Date	_____ Clerical Supervisor
_____ Date	_____ Department of Radiology