



RADIOLOGY

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
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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
Other Services				
Project Review/Administration Fee	-	-	-	\$500.00

RESOURCE 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 Dr. Jim Potts (jpotts@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 Dr. Jim Potts (jpotts@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	\$500.00
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 Dr. Jim Potts (jpotts@cw.bc.ca) if you require a costing estimate for your study.

¹ MSC=Medical Services Commission

Approval:

Date		Supervisor, General Procedures
Date		Supervisor, CT
Date		Supervisor, IR
Date		Supervisor, MRI
Date		Supervisor, Nuclear Medicine
Date		Supervisor, Ultrasound
Date	IMIT	Clerical Supervisor
Date	Department of Radiology (Admin)	Department of Radiology (Head)