



# RADIOLOGY

Date Requested:

Principal Investigator:   
 E-Mail Address:   
 Local:

REB #:

Study Start Date:

Primary Contact:   
 E-Mail Address:   
 Local:

Study End Date:

Length of Study (yrs):

Project Title:

Type of Study:   Unfunded  Grant-Funded  Industry-Sponsored  Standard of Care

Funding Source:  Grant Number:

Imaging Requested:

X-Ray/Fluoroscopy  Cath Lab/IR/Cardiac  CT Scan

Ultrasound  Nuclear Medicine  DEXA

MRI  Review of Images

Specific Tests Requested:	No. Subjects	No. Tests	Cost/Test	Total Cost
Clinical Services (interpretation, reporting)			\$225.00/hour	
Technical Services (anonymization)			\$50.00/hour	
Clerical Services (transfer to disc, PACS, etc)			\$50.00/hour	
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 Dr. Jim Potts ([jpotts@cw.bc.ca](mailto: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](mailto: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	\$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 <sup>1</sup> Fee Schedule (Technical ± Professional Fees)
Grant-Funded Studies	MSC <sup>1</sup> Fee Schedule + 20%
Industry-Sponsored Studies	MSC <sup>1</sup> Fee Schedule + 50%

- Please contact Dr. Jim Potts ([jpotts@cw.bc.ca](mailto:jpotts@cw.bc.ca)) if you require a costing estimate for your study.

<sup>1</sup> 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