**EMORY UNIVERSITY RADIOLOGY CHECKLIST**

**To be completed Pre-award for any study with protocol mandated Radiology procedures**

Effective September 1, 2025 there will be a processing fee of $1,500 *only* for externally industry-funded projects not internally funded projects (e.g., Winship, SOM), NCI cooperative trials or grants. If Nuclear Medicine scans require an Authorized User for research-driven and non-standard radiotracers there is no additional fee.

PI Name Department

IRB # Proposed # of subjects at Emory

Study Title/Acronym

Person submitting this form

Phone E-mail

1. Is this a funded study? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
2. If yes, is the funding internal (e.g., Emory, Winship, SOM, dept) or external? Internal\_\_\_\_ External\_\_\_\_
3. If externally funded, is it industry or grant/foundation? Industry\_\_\_\_\_\_ Grant/foundation \_\_\_\_\_\_\_
4. Is there an imaging manual or imaging directive provided by the sponsor? Y\_\_\_\_\_ N\_\_\_\_\_\_

If **yes**, please *e-mail the document* to [shannon.fuqua@emory.edu](mailto:shannon.fuqua@emory.edu) along with this checklist.

1. Is there required pre-study phantom imaging, QC scans, dummy runs, set-up of a dedicated scan sequence, etc.? Y\_\_\_\_\_ N\_\_\_\_
   1. If yes this WILL REQUIRE AN ADDITIONAL FEE to support the medical physicists’ time (varies by task)
2. Are there non-standard imaging protocols to be used in this trial/study? Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_
   1. If yes, do you have a collaborator in Radiology for this project? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_
   2. If yes who is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. If no & a collaborator is needed, please contact Elizabeth Krupinski, PhD Vice-Chair of Research, Department of Radiology and Imaging Sciences at 404-712-3868 or [ekrupin@emory.edu](mailto:ekrupin@emory.edu)
3. Are biopsies required or possibly required for this trial? Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
   1. To be performed by whom? Radiology\_\_\_\_\_\_\_\_\_\_\_ Other Department\_\_\_\_\_\_\_\_\_\_\_
   2. Has Pathology been informed if their services are required? Y\_\_\_\_\_\_\_\_\_ N \_\_\_\_\_\_\_\_
   3. If no please contact Michelle Reid, MD Director of Cytopathology at 404-686-1995 or [michelle.reid@emory.edu](mailto:michelle.reid@emory.edu)
4. Will any part of this study be conducted at **Grady Hospital**? Y\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_
5. **Instructions:** Choose exams and enter # of times needed per subject. Indicate if scan/imaging is a ***Standard*** exam (*meaning*: standard acquisition protocol currently in use in Radiology and standard report generated by Radiologist) or a ***Non-Standard*** exam (*meaning*: any services needed beyond the above Radiology standard); and whether ***RECIST, CHESON, RANO*** or other measurements are required – MEASUREMENTS WILL REQUIRE ADDITIONAL FEES IN THE BUDGET.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam** | **# of exams** | **Standard exam with or without read** | **Non-standard exam requiring radiology collaboration** | **RECIST, CHESON, RANO required?** |
| **Chest x-ray** |  |  |  |  |
| **DEXA Scan** |  |  |  |  |
| **Extremity** |  |  |  |  |
| **Mammogram** |  |  |  |  |
| **CT of Head/neck** |  |  |  |  |
| **CT of Brain** |  |  |  |  |
| **CT of Chest** |  |  |  |  |
| **CT of Abdomen** |  |  |  |  |
| **CT of Pelvis** |  |  |  |  |
| **CT of Spine** |  |  |  |  |
| **CT Other \_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
| **MR of Head/neck** |  |  |  |  |
| **MR of Brain** |  |  |  |  |
| **MR of Chest** |  |  |  |  |
| **MR of Abdomen** |  |  |  |  |
| **MR of Pelvis** |  |  |  |  |
| **MR of Breast** |  |  |  |  |
| **MR of Spine** |  |  |  |  |
| **MR Cardiac** |  |  |  |  |
| **MR Other \_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
| **US Carotid** |  |  |  |  |
| **US Abdomen** |  |  |  |  |
| **US Thyroid** |  |  |  |  |
| **US Kidney** |  |  |  |  |
| **US Extremity** |  |  |  |  |
| **US Other\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |

**Nuclear Medicine\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam** | **# of exams** | **Standard exam with or without read** | **Non-standard exam requiring radiology collaboration** | **RECIST, CHESON, RANO require?** |
| **MUGA** |  |  |  |  |
| **Bone Scan** |  |  |  |  |
| **PET/CT** |  |  |  |  |
| **Myocardial Perfusion** |  |  |  |  |
| **VQ Scan** |  |  |  |  |
| **Thyroid** |  |  |  |  |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
|  |  |  |  |  |
| **PET-MRI** |  |  |  |  |

\*Will an Authorized User Form be required? Y\_\_\_\_\_\_\_\_\_N\_\_\_\_\_\_\_\_\_\_\_\_ If yes, download the form (Human Studies Application for Radionuclide Use – found at [www.ehso.emory.edu](http://www.ehso.emory.edu)). Fill in PI’s contact info, title of study, IRB #, purpose of trial and # of subjects and controls. E-mail the form and your study protocol to Shannon Fuqua, RN at [shannon.fuqua@emory.edu](mailto:shannon.fuqua@emory.edu). She will return the completed form after review and sign-off by our Nuclear Medicine Director.

**IF A STUDY NEEDS IMAGES SENT TO A SPONSOR/CORE LAB, THE COORDINATOR MUST ACCESS VIA SECTRA OR ONEDRIVE. THE RADIOLOGY FILE ROOM IS IN TUCKER AND IS A LAST RESORT OPTION (THERE IS A COST). RADIOLOGY WILL NOT BE RESPONSIBLE FOR SENDING IMAGES ELECTRONICALLY TO OUTSIDE ENTITIES NOR WILL THEY SHIP CDS. IF YOU REQUIRE HELP WITH ANONYMIZATION OF IMAGES PLEASE LET US KNOW – COST MIGHT BE INCURRED.**

**To be completed by radiology: Radiology Processing Fee Applied \_\_\_\_\_\_\_\_\_\_Authorized User Fee Applied \_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature Date**