



RADIOLOGY

This form must be completed for all studies which involve Radiology.
Please complete all questions and obtain appropriate signature.

Principal Investigator: _____ **REB #:** _____
 Name of Sponsor: _____
 Study Start Date: _____ Study End Date: _____
 Project Title: _____

1. Has the research project been approved by:	- C&W Research Review Committee:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	- Radiology Director:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Primary Contact	Name:	Grant #:		
	Address:	Telephone:		
3. Services Required:	- Imaging Procedure (type and number):			
	- Masterbag Retrieval (# of files):			
	- Film Copying (# of cases):			
	- Image Retrieval from Disc (# of files):			
	- Radiologist Review of Films (# of cases):			
	- Other services (please list):			
	- Images on PACS (type and number):			
4. Will Radiology be reimbursed for this project:	Yes <input type="checkbox"/> No <input type="checkbox"/>			

For Radiology Staff Use Only:

1. Estimate of Cost Factors:		1.A. Project Review/Administration: \$150.00	
1. 1 - Exam:	Type		Cost
			\$
			\$
			\$
	Total:		\$
2. Other Cost Factors:			
2. 1 - Film Pull Costs:		Films located off-site:	
		\$10.00 per film bag:	film bag(s) \$
(Includes retrieval, courier, re-filing and clerical time)			
2. 2 - Copies of Film:	\$20.00 per film:	film(s)	\$
2. 3 - PACS Exams burned to CD:	\$10.00 per exam:	exam(s)	\$
2. 4 - Film Digitized and loaded to PACS:	\$15.00 per film:	film(s)	\$
(Includes 90 days temporary storage on PACS system)			
2. 5 - Search Fee:	\$50.00 per patient:	patient(s)	\$
2. 6 - CD Burning Fee:	\$50.00 per patient:	patient(s)	\$
3. Has equipment been loaded to the researcher: Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. Make reimbursements payable to BCCH Radiologist Cost Centre #:			

Date

Research Coordinator, Radiology