**RESEARCH UTILIZATION FORM** 



## **MEDICAL IMAGING**

	1				
Date Requested:					
	ſ		r		
Principal Investigator:			REB #:		
E-Mail Address:					
Local:			Study Start Date	2:	
	[				
Primary Contact:			Study End Date:		
E-Mail Address:					1
Local:			Length of Study	(yrs):	
Project Title:					
Type of Study:	O Unfunded O	Grant-Funded	C Industry-Spons	ored O Standa	rd of Care
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,		
Funding Source:			Grant Num	ber:	
Imaging Requested:	O X-Ray/Fluoroscopy O Cath Lab/IR/Cardiac O CT Scan				
	O Ultrasound	O Nucle	ear Medicine	O DEXA	
		2	_		
	O MRI	O Revie	w of Images		
				<b>T</b> + 10 +	
Specific Tests Requested:		No. Subjects	No. Tests	Cost/Test	Total Cost
				-	
				¢225.00/have	
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					64F0.00
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 <u>miresearch@cw.bc.ca</u>.
- 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 <a href="mailto:miresearch@cw.bc.ca">miresearch@cw.bc.ca</a>.
- 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 <u>miresearch@cw.bc.ca</u>if you require a costing estimate for your study.

<sup>1</sup> MSC=Medical Services Commission

## Approval:

Date

Date

Date

Date

Date

Supervisor, CT/General Procedures

Supervisor, MRI/IR

Supervisor, Nuclear Medicine

Supervisor, Ultrasound

**Clerical Supervisor** 

Date

Department of Radiology