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 | | |
| | | | | T + 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 miresearch@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 ¹ Fee Schedule (Technical ± Professional Fees) | | |
| Grant-Funded Studies | MSC ¹ Fee Schedule + 20% | | |
| Industry-Sponsored Studies | MSC ¹ Fee Schedule + 50% | | |

• Please contact <u>miresearch@cw.bc.ca</u>if you require a costing estimate for your study.

¹ 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