



Imaging Questionnaire for Study Sponsor

Site PI

Sponsor Name	<input type="text"/>
Protocol Name	<input type="text"/>
Primary Sponsor Contact for Imaging	<input type="text"/>
Contact Email/Phone	<input type="text"/>

Sponsor Requirements	Answer
Does this study require a named Site Radiologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this study require IU to follow specific imaging parameters provided by the sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be a mandatory training session for Radiology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this study require imaging be performed on the same scanner throughout the duration of the study: If yes, which modalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this study/trial require deidentified images be sent to a central reader?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this study/trial require data transmittal forms be sent to the sponsor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Study Imaging Modalities *(Please select ALL that apply)*

Xray MRI CT PET-CT Nuclear Medicine Ultrasound Mammo Interventional

Please specify the Exams and corresponding CPT codes that should be included in the study budget:

IU Radiology Requirements

1. Sponsor provided study binder with all necessary imaging information **before** the study begins.
2. Clear imaging guidelines for all modalities if study requires specific imaging parameters.
3. An IU Radiologist must approve all study protocols utilizing radiologic equipment.
4. A one-time startup fee will apply to all studies for Radiology startup effort.

***If a study/trial is to be performed as Standard of Care it will be performed in accordance with the routine imaging parameters of the requested exam unless alternative imaging guidelines are *clearly* provided during study set-up.**