**Yale SCHOOL OF MEDICINE**

***Department of Radiology and Biomedical Imaging***

**Clinical Trials Office**

**YDR-CTO Biopsy Research Approval Form**

*All research studies utilizing Diagnostic Imaging hospital/affiliated facilities imaging equipment or research studies requesting a Diagnostic Radiology clinical services and clinical research coordinator must be reviewed and approved by the YDR CTO Committee for feasibility. All investigators must complete this YDRCTO form (there is a single approval process for both YNHH and the university department). Please complete and submit to: ydrcto@yale.edu along with the protocol and imaging reference. Once submitted, it will be sent to Dr. Kevin Kim, Chief of Interventional Radiology for review.*

**TRIAL DETAILS:**

Protocol Number:

Sponsor Short Title:

Full Clinical Trial Title:

Biopsy Description:

Estimated Start Date:

Target Enrollment:

Treatment Name:

Trial Sponsor:

Phase:

**SITE AND STAFF:**

Therapeutic Area:

 Anesthesiology

 Child Study Center

 Dermatology

 Diagnostic Radiology

 Emergency Medicine

 Geriatrics

 Internal Medicine

 Interventional Radiology

 Laboratory Medicine

 Neurology

 Neurosurgery

 Obstetrics, Gynecology & Reproductive Sciences

 Oncology -Cancer Center

 Orthopaedics & Rehabilitation

 Pathology

 Pediatrics

 Psychiatry

 Surgery

 Therapeutic Radiology

 Urology

Principal Investigator:

Primary Contact:

**IMAGING & ASSESSMENT:**

Imaging Modalities associated with Biopsy:

 CT

 MR

 US

 Other

Approximate Number of Biopsy Exams/Patients:

Payor of Scans:

 □ Standard of Care

 □ Not Standard of Care

 □ Standard of Care

**IRB APPROVAL & BILLING**

IRB Status:

 □ Approved

 □ Pre-Submission

 □ Submitted

PTAEO:

**COMMENTS**

Required: Intended body part, Cytology vs Pathology, special BX size, # of samples and stains

**Once submitted to Elizabeth Correa and YDRCTO@yale.edu, this trial request will be entered into the department’s Precision Imaging Metrics database for approval.**