**Yale University PET Center Protocol Initiation Form**

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| **Contact Information** | |
| **PI Name / Department** |  |
| **PI email address** |  |
| **PI phone #** |  |
| **Coordinator Name/Email/Phone#** |  |
| **Scheduler Name/Email/ Phone #** (if different from Coordinator) |  |

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| **Protocol and Funding Information** | |
| **Protocol Title** |  |
| **HIC#** |  |
| **Have Approvals Been Received?** | **IRB** Yes No Pending, Submission Date:  **RIDC or RDRC** Yes No Contingent Approval Pending  **YU RSC** Yes No Pending  **List Other, if applicable (PRC, Y-NHH RSC):** |
| **Project Duration (Years)** |  |
| **Subject**  **Population** | **Diagnoses:** |
| **Total # to be scanned:** |
| **Expected Start Month:** |  |
| **Funding Source(s)**  (list all approved sources on file with the IRB) |  |
| **COAs**  **Primary**  **Other** | Single Funding Source Multiple Funding Sources |
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| **Billing Notes**  (specify if costs will be split between multiple accounts) |  |
| **Billing Contact:**  **(Name, Email, Phone#)** |  |

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| **Operational Information** | |
| **Scanner**  **(Choose all scanners listed in the protocol)** | **HRRT  mCT  Vision  NX**  **N/A (injection only)** |
| **Tracers:** |  |
| **Tracer Source** | **Yale PET Center  Purchased/Delivered** |
| **If purchased, provide source, contact name, and phone # for ordering:** |  |
| **If purchased, dose delivery time window:** |  |
| **Number of Scans per Subject** | **1  2  3  Other:**  **If multiple scans, provide information regarding number of days or amount of time between scans:** |
| **Time/Day Restriction, if required** |  |
| **Arterial Line** | Yes, Required for all scans  No, no blood sampling  No, venous sampling only  Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(list if arterial plus venous sampling is requested, arterial line requested or specific populations, etc)* |
| **Pharmacologic Compound (i.e. cold non-radioactive drug), if applicable:** |  |
| **Will medical / nursing be provided by PI?:**  **If yes, list Name/email/Phone#** | Yes  No |
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**For Internal Use Only:**

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| **Date Received by PET Center** |  |
| **Assigned PET Center Short Name** |  |