

Radiology Services Request Form

Requested by: **[Research Staff]**:

[Department]:

Departments Required:

- CT
- MRI
- Nuclear Medicine (i.e. PET/CT)
- Diagnostic Radiology (i.e. x-ray)
- Ultrasound

Included Required Attachments:

- Clinical Trial Protocol
- Imaging Manual

Study Information	
Sponsor:	
Sponsor Protocol Number:	
PI Name:	
IRB #:	

The 4 identifiers above are required when ordering and scheduling scans. It is also important to let the scheduler know which scanner must be used.

Email completed form to primary contact Marie Witthoft at mwitthof@unmc.edu with the subject line "Radiology Services Request"

Back-up contacts include the following:

Tiffany Tunney tiffany.tunney@unmc.edu
Kerrie Fraterelli kfraterelli@unmc.edu