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

<table>
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<th>Sponsor:</th>
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<tbody>
<tr>
<td>Sponsor Protocol</td>
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<tr>
<td>Number:</td>
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<td>PI Name:</td>
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<td>IRB #:</td>
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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

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