

Research Tracking #:  
Request Date:

**DRAFT: UC Davis Research Imaging Center**  
**Regular Research Procedure Request Form**  
(Complete when requesting routine imaging procedures for funded research studies)

Title of Study: Start Date:	End Date:
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- |   |       |         |        |
|---|-------|---------|--------|
| 1. Principal Investigator:  | Dept. | Ph/fax: | Pager: |
| 2. Contact Person:  | Dept. | Ph/fax: | Pager: |
| 3. Alternate Contact Person:  | Dept. | Ph/fax: | Pager: |
| 4. Physician on Study (If applicable):  | Dept. | Ph/fax: | Pager: |
| 5. Name of the Research Imaging Center faculty member associated with this study (If applicable): |       |         |        |
| 6. Referring MD with Physician's Index # (If applicable):   |       |         |        |
| 7. Description of Research Study (please be brief):   |       |         |        |

8. Description of Requested Imaging Services:

Preferred time of study:     AM     Weekend     Time requirements of procedure:  
    PM

Modality requested:     MRI (1.5T)  CT     Interventional     Nuclear  
    MRI (3.0T)  Diagnostic     Ultrasound     Mammo

Technologist requested:     yes     no

Anticipated No. of Patients:

Procedure(s) requested:    CPT Code(s) (If applicable):  
# of procedures per patient:

9. List any special requirements of Imaging services :     none     new pulse sequence     scheduling     special reports     special views  
Explanation for item(s) selected:

Image storage requested:     Routine Procedure     Optical Disk     CD     DAT     Film     Special Formatting

Image transfer (DICOM):     yes     no    If yes, provide DICOM server (AE\_TITLE, IP Address, Port #):

10. List Funding Source(s) and Cost center Number(s) for Research Imaging Center services:

- |  |           |       |                |
|--|-----------|-------|----------------|
| <input type="checkbox"/> NIH Grant:            | Bulk acct | DAFIS | Cost Center #: |
| <input type="checkbox"/> Private Sponsor:      | Bulk acct | DAFIS | Cost Center #: |
| <input type="checkbox"/> Professional Society: | Bulk acct | DAFIS | Cost Center #: |
| <input type="checkbox"/> UCD/UCDMC:            | Bulk acct | DAFIS | Cost Center #: |
| <input type="checkbox"/> Other (specify):      | Bulk acct | DAFIS | Cost Center #: |

**Please return completed requests to:**    **Research Imaging Center**  
   **c/o John Cosner, Administrative Officer**  
   **Research Imaging Center, UCDCM    Phone: 734-8790    FAX: 734-0316**