

**CT Site Survey**

**Trial Name:**

**Trial Protocol Number:**

**Please return a completed form electronically to the Trial Project Manager:** Give email

**Section 1: Site Imformation**

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| --- | --- |
| **Date** | |
|  | |
| **CT Facility** | | | | |
| Name: | | | | |
| Mailing address: | | | | |
|  | | | | |
| **Principal Investigator** | | | | |
| Name: | | | | |
| Email: | | | | |
|  | | | | |
| **CT Facility Contact** (please include data transfer/ technical issue contact) | | | | |
| **Name (s)** | | **Email (s):** | | |
| **Telephone number(s)** | |  | | |
|  | | | | |
| **Data Transfer capabilities** | | | | |
| **Can your scanner export data in DICOM format?**  **Yes**  **No** | | **Mode(s) of transfer available in your facility?**  **Secure FTP (via internet)**  **Recordable CD (CD/R)**  **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | | | | |
| **Scanner Information** | | | | |
| Scanner Manufacturer: | Model: | | | Detector rows: |
| Software Version: | Is a scanner upgrade (hardware/ software) planned:  Yes  No  **If yes, please specify:** | | | |
| Contrast agent brand: | Contrast agent concentration: | | | |
|  | | | | |
| **Study specific imaging requirements** | | | | |
| *This may be required if we to assess site ability to perform study* | | | | |
|  | | | | |
| **Local quality control procedures** | | | | |
| Regular maintenance performed on your scanner should be documented and filed locally. Please indicate what type of quantitative quality control (QC) documentation your site uses from the list below:  In-house QC programme using customised phantom test results: Yes  No  Reports provided by your site’s service engineer: Yes  No  Other: **Please specify** | | | | |
| How frequently do you perform QC checks?  In-house test results: Daily  weekly  quarterly  other (please specify)  Reports by service engineer: Daily  weekly  quarterly  other (please specify)  Other: Daily  weekly  quarterly  other | | | | |
|  | | | | |