

**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 [ ]  |
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