|  |
| --- |
| Trial ID details |
| Intended site(s); research/service scanners  |  |
| Trial Title  |  |
| Trial Ref. |  |
| Commercial/Non-Commercial |  |
| Funding Details |  |

|  |
| --- |
|  Trial contact details  |
| PI/email  | /  |
| Trial Contact (if different from PI)  |  |
| Research Coordinator/email  | /  |
| Lead Radiologist (if known) |       / |

|  |
| --- |
| Scanning Requirements |
| Expected trial start |  |
| Expected start date for patient recruitment |  |
| Expected recruitment/trial completion |  |
| Total number of anticipated patients (GG&C) |  |
| Scanning Acquisition – Standard of Care |
| Modality | **Body Part** | **Scans per patient** | **Interval** | **Total Attendances** |
|  |  |  |  |  |
|       |       |       |       |       |
| Scanning Acquisition – Additional to Standard of Care |
| Modality | **Body Part** | **Scans per patient** | **Interval** | **Total Attendances** |
|  |  |  |  |  |
|       |       |       |       |       |
| Filming |
| No copy required[ ]  | Hard copy film required [ ]  | CD required[ ]  | Other:       |
| Reporting |
| Modality | **Body Part** | **RECIST****(version)** | **CRF Criteria** | **Total No. of Reports** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Additional information (please attach CRE section from IRAS if relevant):**                                                                            |