|  |  |
| --- | --- |
| 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):** | | | | | | | | |