**Glasgow Clinical Trials Unit Form**

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| Form number | **58.004A** | Version  | **2.0** |
| Title | **Clinical Research Imaging Support Form** |

Form to be sent to ggc.studymanagement@ggc.scot.nhs.uk. Please attach imaging manual if available.

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| **Research Title** | Click here to enter text. |
| **R&I Reference** | Click here to enter text. | **Imaging Site** | Click here to enter text. |
| **Principal Investigator**  | Click here to enter text.  | **Target No. Recruits** | Click here to enter text. |
| **Research Coordinator**  | Click here to enter text. | **Study Radiologist** | Click here to enter text. |
| **Study start date** | Click here to enter a date. | **Study end date** | Click here to enter a date. |
| **Study type** | Click here to enter text. | **Sponsor** | Click here to enter text. |
| **RESEARCH SCANNING AQUISITON**  |
| **Modality/Scanner** | **Body area** | **Specific acquisition** | **Scans per patient** | **Interval** | **Total Attendance** |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| **STANDARD OF CARE SCANNING AQUISITON** |
| **Modality/Scanner** | **Body area** | **Specific acquisition** | **Scans per patient** | **Interval** | **Total Attendance** |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| Choose modality | Choose an item. | Choose an item. | Enter number of scans | Click here to enter text. | Click here to enter text. |
| **DATA REQUIREMENTS**  |
| **RAW DATA CURATION**  |
| **Details** | **CRIF routinely send identifiable images to NHS PACS. *Is there a requirement for additional archive of pseudo-anonymised raw imaging data?*** *Outline full details* |
| **NHS PACS data is routinely compressed after 2 years. *Is there a requirement for the raw image data to be stored in its original format beyond this time and for how long?*** *Outline full details*  |
|  | ***Is there a requirement for additional archive of analysed/annotated imaging data?***  |
|  | ***Outline the informatics platform required to analyse the images.***  |

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| **SCAN TRANSFER** |
| **Details** | ***Is there a requirement to transfer the raw imaging data to a central imaging laboratory?*** *Outline full details if known including documentation requirements.* |

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| **STUDY SETUP REQUIREMENTS** |
| **IMAGING MANUAL**  | **☐** | **IMAGING** **PROTOCOL QC** | **☐** | **DUMMY RUN** | **☐** | **ONGOING PHANTOM QA** |  |
| **ADDITIONAL REPORTING REQUIREMENTS** |
| **RECIST****Version**  | **☐****V**  | **CHESSON** | **☐** | **RANO** | **☐** | **Other**  | Click here to enter text. |
| **INCIDENTAL REPORTING (IR)** |
| **Name of IR Radiologist if different from above** | Enter IR Radiologist |

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| **Principal****Investigator** | Click here to enter text. | **Signature/Email** |  |  |  |
| **CRIF**  | Click here to enter text. | **Signature/Email** |  | **Date** | Click here to enter a date. |
| **NHS MRI Physics** | Click here to enter text. | **Signature/Email** |  | **Date** | Click here to enter a date. |

 **CRIF only**

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| **Intended radiologist (clinician)** |  |  |
| **Referral source/ location/ referrer** |  |  |
| **Study created on daily activity sheet** |  |  |
| **R&I number sent to CRIS manager** |  |  |
| **CRIS codes** |  |  |
| **Imaging added to Edge** |  |  |

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| This Form is a controlled document. The current version can be viewed on the GCTU website. Any copy reproduced from the website may not, at time of reading, be the current version. |