

**Citigroup Biomedical Imaging Core
User Form – PET / CT**

General Information

Principal Investigator: _____ Dept. / Div.: _____

Phone: _____ Fax: _____ Email: _____

WMC IRB Protocol #: _____ Human Subject Certification #: _____

Protocol Title: _____

Billing Information:

WMC Account #: _____ Account Expiration Date: _____

Billing Address: _____

Protocol Description:

Subject Name: _____ Date: _____

Study Authorization Signature: _____

Are you requesting to operate PET/CT Scanner independently? Yes No

Will there be any new devices that are introduced to the CBIC? Yes No

If Yes, please explain: _____

In addition to completing this form, please provide a copy of the following information:

1. Signed IRB approved and stamped consent form for all research subjects being scanned.

Please return form to: **Muc Du**, Box 234 (Room S-260A) or Fax to 746-6681. Any questions regarding form, please call Muc Du at 746-5883.