Project Notification Form

Date:

Project title:

Project synopsis:

PI:

Trial Co-ordinator / point of contact for queries:

Please complete the following details and circle or indicate a number where required:

1. Scanning modalities involved? MRI Y / N

PET-CT Y / N

CT Y / N

1. Will bloods and metabolites be required ? Y / N
2. Is this a multi-centre trial? Y / N
3. Is CIF the only scanning site? Y / N
4. How many patients to attend CIF? ……………
5. How many scans per patient per modality? MRI ……………

PET-CT ……………

CT ……………

1. Duration of project:
2. Proposed start date (approx.):
3. Budgeted cost per scan: MRI £……………

PET-CT £……………

CT £……………

1. A. Cost Centre: B. Cost Code:
2. Sponsor: