



Renaissance School of Medicine

Stony Brook University

Positron Emission Tomography [PET] Research Core

RESEARCH SUBJECT SCHEDULING FORM

Name: _____ SubID: _____ InjID: _____

DOB: _____ Height_(in): _____ Weight_(lbs): _____ Phone number: _____

Exam: _____ Gender: _____ Scan date: _____ Inj. Time: _____

Study Information

Title: _____

Principal Investigator: _____ Research Coordinator: _____

Department: _____ Zip: _____ Phone: _____

Grant Info Project: _____ Task: _____ Award: _____ IRB#: _____

Has study protocol been submitted to the PET Core? Yes No IRB Exp. Date _____

Special Requirements: _____

A-line needed? Yes No Cold Mass Limit: < _____

Tracer: _____ Radioactivity Range: _____

Route of administration: _____ Scanner: **MiE PET**

APPOINTMENT CONFIRMATION (PET Core Staff only)			
Date:	Time:	Scanner:	
Study name:		Scan ID:	

Authorized User: _____ Date: _____