Stony Brook Medicine
DEPARTMENT OF RADIOLOGY

Email Completed form to Radiology Research Coordinator:
John.Oquendo@stonybrookmedicine.edu
Brittany.Jordan@stonybrookmedicine.edu

Research Patient Scheduling

Contact Dr. Chuan Huang for data transfer, failure to request data transfer on time might lead to potential data loss 631-444-6905

Name: MRN(If Applicable):

DOB: Height and Weight Phone Number

Exam(s) Requested: *Date Needed:

***Please allow 10 days to properly schedule since we are sharing research studies with the clinical studies of the Hospital**

Grant/Project Title:

Principal Investigator: Research Coordinator:

Department: Zip: Phone:

Grant info: Project: Task: Award: IRB#:

Has the study been approved by the Department of Radiology: Yes No
Have the study registration form and protocol been submitted to the Radiology Res. Coordinators? Yes No
(If **either** answer above is No, please contact John Oquendo or Brittany Kramer ,emails above)

Scanner: Special requirements:

Services Required:	
	Copy of images (CD)
	Professional interpretation/ report
	Safety (read) review
	Other (specify):

Additional comments:

APPOINTMENT CONFIRMATION (Radiology use only)		
DATE:	TIME:	SCANNER:
STUDY NAME:		STUDY MRN:

Tracer: T-807
mCi dose range: 2 - 5 mCi IV Injection
Maximum Cold Mass: 2.4ug

Version 7: 03/02/2016

RDRC:2018-29