



# Renaissance School of Medicine

## Stony Brook University

### Positron Emission Tomography [PET] Research Core

## RESEARCH SUBJECT SCHEDULING FORM

Name:

Scan ID:

DOB:

Height and Weight:

Phone number:

Exam(s)

\*Scan date:

Requested:

### Study Information

Grant/Project

Title:

Principal

Investigator:

Research

Coordinator:

Department:

Zip:

Phone:

**Grant  
Information**

Project:

Task:

Award:

IRB#:

Scanner:

Special

requirements:

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

<p><u>Additional comments:</u></p> <p>Tracer:</p> <p>A.Line needed: Y / N</p> <p>Cold mass limit:</p> <p>Radioactivity range:</p>
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APPOINTMENT CONFIRMATION (PET Core Staff only)			
Date:	Time:	Scanner:	
Study name:		Scan ID:	

Authorized User: \_\_\_\_\_ Date: \_\_\_\_\_