



## Research Proposal Request

- Trial name: (all future communication regarding this trial must state this name clearly)

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- **Imaging Modality** **Examination Required**

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- Reporting Requirements : 

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- Do you require a copy of the images on Disc Yes/No

- Start date: 

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End date: 

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- Volume of patients: 

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- Frequency of Imaging: 

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- Is ethics approval required? Yes/No  
*If yes please supply a copy*

- Invoice to (Name, Phone, email): 

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- Main contact (Name, Phone, email): 

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With this proposal you MUST include the following information:

- Is the Trial currently taking place at any other Pacific Radiology Branch? If yes please provide details: 

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- Ethics approval (if required)
- Imaging Manual (if applicable)
- Copy of Research Protocol (if applicable)