

BWH Research Imaging Core (BRIC) Internal Phantom Intake Form

Date			
Title of Project			
Project Nickname (to be given by BRIC)			
Name of Principal Investigator		User ID:	
Co-Investigators		User ID:	
		User ID:	
		User ID:	
		User ID:	
Other Authorized Researchers		User ID:	
		User ID:	
		User ID:	
		User ID:	
		User ID:	
Dept. Admin/Finance Mgr. to be copied on invoices	Name:		Email:

Partners PeopleSoft Account Number	
Funding Source	

Imaging Modality (CT, MRI, etc)	
Type of Phantom to be Scanned	
Resource Requested*	
Imaging Protocol	
Any Special Imaging Requirements / Sequences	
Anticipated Amount of Imaging Time (in Minutes)	
Preferred Day/Time for Exam Slot	
Additional Acquisition Services Needed (Technologist or Physicist)	
Specify Any Special Format(s) required for Storing Images	
Specify Any Storage Destinations Beyond PACS Required for Images	

*Current Resources: 221 Longwood Siemens Skyra 3T MRI, 221 Longwood GE 3T MRI, Lee Bell Breast Imaging Center 3T MRI, L1 Bay 2 Siemens Verio 3T MRI, L1 Bay 3 GE 750W 3T MRI, Shapiro Siemens Trio 3T MRI, AMB FLUORO X-RAY, Shapiro CT Siemens, Shapiro CT Toshiba 320, Shapiro PET 1, Shapiro PET 2

Study Start Date	
Study End Date	
Total Number of Scans	

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