UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School

DIAGNOSTIC AND INTERVENTIONAL IMAGING APPROVAL FORM

Please do not use this form for Standard of Care Imaging.

Radiology is a specialty that is at the crossroads of every aspect of clinical diagnosis, treatment and care. Radiology research must comply with CPHS (Committee for the Protection of Human Subjects), HIPAA (Health Insurance Portability and Accountability Act) regulations, as well as follow all related federal, institutional and ethical guidelines.

It is important for DII to be aware of imaging being performed for research, to ensure that imaging resources are available and billing occurs appropriately. The attached approval form is required for all research projects that utilize diagnostic imaging procedures, whether the research is initiated by a DII faculty member or is being conducted by members of other departments, schools, or institutions.

Please obtain approval for all studies involving the use of Radiology and Medical Physics services (e.g., interpretation, reporting, processing, establishing imaging equipment performance/compliance etc.) that are NOT required for patient care and are performed for research purposes only. Any studies that involve the non-routine use of Radiology (e.g., in the assessment of a new implant or device), non-routine imaging methods or new/improved contrast methods also need departmental approval. As with standard of care imaging, all research imaging performed on MHHS imaging equipment needs to be read by a UTHealth radiologist. Please obtain research pricing for professional read fees by emailing Radiology.Research@uth.tmc.edu.

A Radiology start-up fee of **$750** will be assessed on all industry sponsored studies that involve research-only (non-standard of care) imaging. This fee may be waived for investigator-initiated unfunded studies and studies that involve the services of our radiologists in the role of Co-Investigator or Consultant. This fee will also not be charged on studies that are conducted on the UTHealth 3T MRI scanner.

Investigators from other departments who wish to utilize the capabilities of DII are advised to discuss potential projects with a Radiologist during the planning phase of a project, in parallel with the CPHS approval process.

Please submit the form and a copy of the study protocol to:

Usha N. Menon, Ph.D.
6431 Fannin Street, MSB 2.130B
Phone: 713-500-7701
Email: usha.n.menon@uth.tmc.edu

Regina Hudson,
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Study Title:	
Principal Investigator:	
PI Contact (Phone and Email):	
PI Department:	
Study Funding:	
Is a DII Radiologist/Faculty listed as study personnel?	☐ **Yes** ☐ **No** **If yes, enter name, role and effort:**

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List DII Radiologist services requested for this research.	☐Protocol Development ☐Read/Interpret ☐Generate Report	☐Manuscript/Grant Preparation ☐Post-process ☐RECIST/other calculations
Choose all imaging/procedures in this research project.	☐X-ray ☐Ultrasound ☐Mammography ☐CT ☐MRI ☐PET ☐Bone density scan ☐Other Image-guided procedures including injections ☐Imaging quality/Imaging equipment performance evaluation ☐New/Modified Imaging Software ☐Modified Imaging Equipment/Unique Technical requirement ☐Calibration/Phantoms/Dosimetry/Test images ☐Other Nuclear Med, please specify below ☐Interventional Radiology, please specify below ☐Other, please specify below Please specify:	☐Lumbar Puncture ☐Blood Patch ☐Image-guided biopsy ☐Imaging protocol ☐Medical Device Evaluation ☐Radiopharmaceuticals
Choose all applicable scan/procedure sites for this research study.	☐MH Hospital ☐MH OPID ☐Peripheral Site, please specify below. ☐Other Site, please specify below. Please specify:	☐UT 3 T Center ☐LBJ
Target Enrollment at site		
Additional Comments		

FOR OFFICIAL DII USE ONLY: DII Reviewer, please apply below and then click Return to PI to send the form back to the Principal Investigator via email. If you do not have digital ID, please print the form, sign and return.

Approved

Reviewer Comments

Need more information

Digital Signature/ Name, Signature and Date of DII Reviewer