|  |  |
| --- | --- |
| **Study Principal Investigator** *(Not treating physician)* |  |
| **Study Title** |  |
| **Current HRPO #** *(If this is a crossover or retreatment note here also)* |  |
| **Study Type** *(Institutional, Cooperative Group, Industry)* |  |
| **Review Needed by** *-* ***Specific******Date and Time Required*** |  |
| ***If STAT Results Needed – Provide justification and pt visit time*** |  |
| **Patient’s Name** *(Last, First, Middle Initial)* |  |
| **Patient’s DOB** |  |
| **Primary Diagnosis** *(Type of cancer)* |  |
| **Type of Imaging Examination(s)?** *(CT, MRI, PET/CT, etc)****\*If body areas are scanned with different modalities for one time point review (e.g., CT chest, MRI abdomen/pelvis), please note here.*** |  |
| **Where Will Exam(s) Be Done?** *(BJH, BJWC, Outside Imaging, etc.)****If outside exam, please indicate whether study has been uploaded to LILA and nominated as a Reference Exam.*** |  |
| **Date and Time Imaging Exam(s) Scheduled or Performed?*****\*Please note all scans to be reviewed here.*** |  |
| **Type of Review Needed:** *(Cheson,Lugano, etc.)****\*Note: please attach the Study Protocol “Criteria for Response” page(s) to this request.*** |  |
| **Non-Standard Review Requirements? (Yes/No)** *If Yes, explain and attach protocol information.* |  |
| **Indicate lymphoma-specific reporting requirements needed:***If additional items need to be reported, please note above in Non-Standard Review Requirements area.* |
| [ ] Lugano 5-point score (patient based)[ ] Lugano 5-point score for each target lesion[ ] Maximum SUV of hottest lesion[ ] Maximum SUV of each target lesion[ ] Maximum SUV of non-target lesions (Only 1 of these will be reported if it is the maximum SUV for all of the patient’s disease) | [ ] Focal lesion(s) in spleen (Present/Absent)[ ] Focal lesion(s) in liver (Present/Absent)[ ] Craniocaudal length of spleen[ ] Mean SUV of aortic blood pool[ ] Mean SUV of liver[ ] Mean SUV of gluteal fat |
| **Visit Description(s)** *(Baseline, Follow-up, Lymphoma Interim scan)****If requesting more than one time point for review, include date(s) with description. (e.g., Baseline DATE, FU# DATE)*** |  |
| **If baseline review, is measurable disease needed for enrollment? (Yes/No)** |  |
| **At baseline, are there any known lesions that should NOT be considered as target lesions (e.g., because of prior radiotherapy, RFA, etc.)? If yes, specify.** |  |
| **For follow-up examinations, please indicate whether any interval surgery, radiotherapy, RFA, biopsy or other local intervention has been done?**  |  |
| **Requesting Coordinator Name and Phone #** |  |
| **Requesting Coordinator Pager # and Fax #** |  |
| **Requesting Coordinator Email Address** |  |
| **Special Notes**  |  |



**NOTES:** 1. *Please copy and paste this table into your email. Do not send as attachment.*

1. *Only one patient request per Email (multiple scan dates for a single patient is acceptable).*
2. *Only enter information in the right-hand column.*

**

***If you have any questions regarding completion of this form, contact IRAC staff via email or phone. Thank you!***

 ***Lora Gallagher 747-4065 Jeanine Portell 362-2940 Ruth Holdener 747-2034*** Version 2/27/2017