|  |  |
| --- | --- |
| **Study Principal Investigator** *(Not treating physician)* |  |
| **Current HRPO #** (*Please note current and prior HRPO # if this was changed during the study; e.g., 201111111/01-0111)* |  |
| **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 that here.***  |  |
| **Where Will Examination(s) Be Done?** *(BJH, SLCH, BJWC, BJSP, MoBap, BJ South County, Outside Imaging Facility, etc.)****If outside examination, 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:** *(RECIST 1.0, RECIST 1.1, Bi-dimensional, Tri-dimensional, Immune Response IRRC, etc.)****\*For lymphoma studies, please use the IRAC Lymphoma Review Request Form.*** |  |
| **Non-Standard Review Requirements? (Yes/No)** *If Yes, explain and attach protocol information.* |  |
| **Visit Description(s)** *(Baseline or 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