Biomedical Imaging Research Core (BICOR)

Intake Form, Unlisted tracer or Development Project

Project	Information
•	Title of project
•	Project acronym
•	Project start date
•	Projected duration
Princip	al Investigator
•	Name
•	Address
•	Email
•	Mass DPH, Controlled Substance License Number
Accour	nt information
•	Project number
•	Partner's PeopleSoft Account Number
•	Account end date
•	Contact for invoicing if not PI
•	Invoice address
•	Invoice email
•	Source of funding
Tracer	Information
•	Radioisotope
•	Compound
•	Human Use*
•	Required Strength mCl

*In the case of investigational radioactive drugs for human use, the nuclear pharmacy requires an investigator's protocol for the preparation of radioactive drugs (if applicable), a copy of the Human Use Committee Approval, a copy of the approved patient consent form, and a letter from the sponsor indicating that the physician requesting the radioactive drug is a qualified investigator and the PI's Mass DPH Controlled Substance License number.

Required Concentration_____-mCI/mL

Number of Doses

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Background

•	Novel Tracer Literature Tracer Target
•	List principal papers for existing knowledge:
Scope	of work
•	Precursor source/develop
•	Reference standard source/develop
•	Radiolabeling synthesis route and equipment
Qualit	y control procedure development
•	Appearance, Radionuclidic identity, Radiochemical purity, Chemical purity
•	Pyrogen, Sterility, pH, Potency/concentration
•	Maximum injectable volume, Bioreactivity, Stability
Docum	nents
•	Manufacturing instruction, Batch record, CMC, IUCOC
•	RDRC, IND Use protocol, SB sheets (material control), COA
D l ·	
Budge	
•	Anticipated development cost
•	Anticipated tracer lot cost

^{*} A budget spreadsheet detailing estimated costs should be attached.