Biomedical Imaging Research Core (BICOR)

Intake Form, Listed Radiotracer

Project Information

- Title of Project _____
- Project acronym _____
- Project start date _____
- Project end date _____

Principal Investigator

- Name _____
- Address _____
  _____
- Email _____
- Mass DPH, Controlled Substance License Number _____

Account 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 _____ - mCI
- Required concentration _____ -mCI/mL
- Number of doses _____

*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.