

# BWH Research Imaging Core (BRIC) External Phantom Imaging Intake Form

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<b>Date</b>			
<b>Title of Project</b>			
<b>Project Nickname (to be given by BRIC)</b>			
<b>Name of Requestor</b>			
<b>Requestor's Address</b>	<b>Address:</b>		<b>Phone:</b>
	<b>Address:</b>		
	<b>Address:</b>		
	<b>Email:</b>		
Names of BWH Collaborators		<b>User ID:</b>	
		<b>User ID:</b>	
		<b>User ID:</b>	
Other Authorized Researchers			
Dept. Admin/Finance Mgr. to be copied on invoices	<b>Name:</b>		<b>Email:</b>
Imaging Modality (CT, MRI, etc)			
Resource Requested*			
Imaging Protocol			
Type of Phantom to be Scanned			
Any Special Imaging Requirements / Sequences			
Anticipated Amount of Imaging Time (in Minutes)			
Preferred Day/Time for Exam Slot (Must be after clinical hours)			
Additional Acquisition Services Needed (Technologist, Physicist)			
Specify Any Special Format(s) required for Storing Images			
Specify Any Storage Destinations Beyond PACS Required for Images			
Study Start Date			
Study End Date			
Total Number of Scans			

\*Current Resources: 221 Longwood Siemens Skyra 3T MRI, 221 Longwood GE 3T MRI, Lee Bell Breast Imaging Center 3T MRI, L1 Bay 2 Siemens Verio 3T MRI, L1 Bay 3 GE 750W 3T MRI, Shapiro Siemens Trio 3T MRI, AMB FLUORO X-RAY, Shapiro CT Siemens, Shapiro CT Toshiba 320, Shapiro PET 1, Shapiro PET 2