## **BWH- Radiology Services Request Form**

To be used for All Budget Proposals with Radiology Services

\* Radiology exams are subject to annual inflation and should be budgeted accordingly Expenses will charged at a % of cost there will be NO FIXED RATES

REQUESTOR FILL IN ALL YELLOW SECTIONS	
	DATE OF REQUEST
F	DATE OF GRANT DEADLINE
Institutional Account Assigned (F number)	
STUDY DETAILS	Account Details:
PI Name :	Name on Account:
Requestor	People Soft #:
Department	START DATE
INSTITUTION:	END DATE
Sponsor:	
Study Name	
Protocol #	Contact Info
IRB Approval Date:	Name
Start Date:	Address 1
End Date:	Address 2
# of Patients	State:
Scans per patient	Zip Code:
total scans	Phone
	email
************ PLEASE ATTACH COPY OF PROTOCOL OR STUDY SUMMARY AN	ND SCANNING PROTOCOL (if available) ************************************
***All RWH PS accounts must be reviewed monthly for accuracy of charges	

Radiology Services to be Purchased:									
This Section Filled Out by Requestor	This Section Filed Out by the Appropriate Modality Chief Tech					Prices from Budget Builder** filled out by Radiology Research Administration			
EXAMINATION DESCRIPTION:	Exam Code	Billing Code 1 (7 digit)		Billing Code 3 (7 digit)	CPT Code	Scan Time Required (minutes)	Discounted Tech Fee	Pro Fee	TOTAL
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
	NAME of Chief Tech :							\$0.00	
							**these prices will change annually		
Radiologist Effort Funded on Study? YES (Professional Fee will be waived) NO (Professional Fee will be billed)	Name % Effort								

EMAIL THIS FORM, IRB PROTOCOL OR STUDY SYNOPSIS AND SCANNING PROTOCOL (if available) to Aida Faria, Chief Tech for Research, afaria1@partners.org