



**Weill Cornell  
Medicine**

Citigroup Biomedical Imaging Center  
516 East 72<sup>nd</sup> Street, New York, NY 10021

**Sponsored Research Order Form**

Principal Investigator: \_\_\_\_\_ Dept. / Div.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

WMC IRB Protocol #: \_\_\_\_\_ Human Subject Certification #: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

**MANDATORY FIELD (Choose One):**

**Bill Research Grant/ Sponsor**

WMC Fund #: \_\_\_\_\_ Account Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Bill Patient / Insurance, Standard of Care** (use QV modifier & V70.7 as secondary diagnosis)

Insurance Name: \_\_\_\_\_ Pre-certification #: \_\_\_\_\_

**Patient / Subject Information:**

Subject Name: \_\_\_\_\_ NYPH #: \_\_\_\_\_

Referring Physician / PI: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Referring Physician Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**(OVER)**

**Imaging Protocol Description:**

**MRI/ MRA :**

- MRI Head                                       MRI Abdomen                                       MRA Abdomen                                       fMRI
- MR Spectroscopy                                       MRI Pelvis                                       MRI Breast                                       OTHER \_\_\_\_\_
- MRI Chest                                       MRA Chest                                       MRI Cardiac

**Contrast:**

- Without Contrast                                       With Contrast                                       With & Without Contrast

**CAT Scan**

- CT Head                                       CT Chest                                       CT Abdomen                                       CT Pelvis

**NUCLEAR MEDICINE:**

- PET/ CT scan
- Whole Body                                       Head                                       OTHER \_\_\_\_\_

**Other Procedures:**

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**Study Authorization Signature:** \_\_\_\_\_

Are you requesting to operate Scanner / Camera independently? Yes  No

Will there be any new devices that are introduced to the CBIC? Yes  No

If Yes, please explain: \_\_\_\_\_

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**In addition to completing this form, please provide a copy of the following information:**

1. Signed IRB approved and stamped consent form for all research subjects being scanned.

Please return form to: **Muc Du**, Box 234 (Room S-260A) or Fax to (+1) 212 746-6681. Any questions regarding form, please call Muc Du at (+1) 212 746-5883.