

FM399 IM4T Study Submission Form

Prepared by: _____ Prepared on: _____

Study Title:			
IRB Number:		Velos ID:	
Principal Investigator:			
Study Team Members: <i>Include all coordinators or research nurses who may be responsible for submitting and/or approving RECIST requests</i>			
Expected Start Date:		Number of Subjects:	
Brief Description of metrics requirements (e.g., RECIST, CHOI, other [specify])			
Will the study include Parkland patients?	Yes	No	
Funding Type	Non-Industry	Industry	
Study Billing Contact:			
Chart of Accounts Field Information			
	Operating Unit		
	Department		
	Account		
	PC Bus Unit		
	Fund		
	Source		
	Function		
	Project ID		
	Activity		

Please send this completed form to RADIM4T@UTSouthwestern.edu along with the current study protocol.