

FM400 IM4T Read Request Form

Prepared by: _____ Prepared on: _____

IRB Number:			
Subject Name:			
MRN:			
	<input type="checkbox"/> UTSW Patient	<input type="checkbox"/> Parkland Patient	
Type of Read:	<input type="checkbox"/> RECIST 1.1 <input type="checkbox"/> iRECIST <input type="checkbox"/> imRECIST <input type="checkbox"/> irRECIST 1.1 <input type="checkbox"/> mRECIST HCC <input type="checkbox"/> mRECIST Mesothelioma <input type="checkbox"/> RANO (no clinical correlation)	<input type="checkbox"/> PCWG3 <input type="checkbox"/> iwCLL <input type="checkbox"/> irRC <input type="checkbox"/> LYRIC <input type="checkbox"/> Lugano <input type="checkbox"/> RANO (with clinical correlation) <input type="checkbox"/> Other, Specify _____	
Date of Imaging:			
Type of Imaging:			
Timepoint:			
Date of first treatment:		Weeks since start of treatment:	
Prior radiation therapy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Location:	
		If yes, Date:	
Special Instructions:			

Please send this completed form to RADIM4T@UTSouthwestern.edu.