



Title of Trial:

Name of Funder(s):

Name of Sponsor:

1. Have separate funds been allocated for the PET QC costs? Yes No

2. How many patients will be involved in the study?

3. How many years is the trial expected to run (from start of recruitment to last PET scan)?:

4. How many PET-CT scans will be performed per patient?

5. How many PET centres do you intend to use?

6. Will the study involve paediatric patients? Yes No

7. What radiopharmaceutical will you be using? FDG Other

If other, please state:

8. Will the PET-CT scans be reviewed centrally? Yes No

If Yes, where?

9. What method of analysis do you intend to use? Visual Visual + SUV Other

10. Will you use any imaging other than standard 'whole-body' PET-CT? e.g. dynamic imaging, cine CT Yes No

If Yes, please describe briefly:

11. Is the PET-CT to be used for radiotherapy planning? Yes No

12. Will you be using CT contrast for the PET-CT study? Yes No

Form completed by:

Phone Number:

Email:

Please return the completed form to:

PET Imaging Centre, LG Floor, Lambeth Wing,
St Thomas' Hospital, London, SE1 7EH
or
pet-trials@kcl.ac.uk