**PET Research Committee: Preliminary proposal form**

Please return forms to: *Sheut-Ling.1.Lam@kcl.ac.uk*

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| **Name of applicant** |  |
| **Study title** |  |
| **Short unique title** |  |
| **Date of proposal form submission** |  |

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| 1. **Applicant/PI details**
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| **Applicant name** |  |
| **Role** |  |
| **Department**  |  |
| **Contact details** |  |
|  |
| **PI name** *(complete if different to applicant)* |  |
| **Department** |  |
| **Contact details** |  |

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| 1. **General Project Information**
 |
| **Local collaborator** (if applicable, in GSTT/KCL) |  |
| **PET Centre contact** |  |
| **Sponsor details***(Industry, NHS, University)* |  |
| **Single site or Multicentre**  | Choose an item. |
|  |
| **CTIMP** *(tracer, therapy, other drug?)* |  |
| **Sample group details** | **Patient group(s) - add pathology details:** **Healthy volunteers:** Yes[ ]  No [ ] **Paediatrics:** Yes[ ]  No [ ]  |
| **Will patients be recruited from GSTT or elsewhere?** |  |
| **Proposed study start date** |  |
| **Proposed study end date** |  |
| **Regulatory approval status** | **HRA:** Choose an item. |
| **REC:**  Choose an item. |
| **ARSAC:** Choose an item. |
| **MHRA:** Choose an item. |

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| 1. **Study Background**

(200 words max – with major references) |
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| 1. **Protocol Summary – include primary/secondary aims**

(200 words max) |
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| 1. **Brief Outline of Methods/Scanning Schedule Proposed**

(200 words max) |
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| 1. **Study Technical Details (if known)**
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| **Scan modality required** | **PET-CT (Total-Body PET [TBP] – St Thomas’ Hospital):** Yes[ ]  No [ ]  |
| **PET-CT (Non-TBP – Guy’s Hospital):** Yes[ ]  No [ ]  |
| **PET-MR:** Yes[ ]  No [ ]  |
| **MR only:** Yes[ ]  No [ ]  |
| **Radiotracer(s) required***(provide details)* |  |
| **Tracer externally supplied or in-house PET production***(provide details, if known)* |  |
| **Use of PET Centre blood lab** | Yes[ ]  No [ ]  |
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| **Venous/Arterial blood sampling required** | Yes[ ]  No [ ]  |
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| **Kinetics/Metabolite analysis required during scan** | Yes[ ]  No [ ]  |
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| **Specific MR sequences required** *(Relevant for PET-MR, MR only)* | Yes[ ]  No [ ]  |
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| **Is General Anaesthesia required** | Yes[ ]  No [ ]  |
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| **Any other specific technical requirements** |  |

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| 1. **Approximate number of scans**
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| **No. of Patients***(by pathology)* |  |
| **No. of healthy volunteers** |  |
| **Total no. of scans required for study** |  |
| **Estimated recruitment per month** |  |
| **No. of TBP/PET-CT/PET-MR/MR scans or sessions per subject** |  |
| **No. of Standard of Care (SoC) PET scans** |  |
| **Time on scanner required/Length of scan** *(if known)* |  |
| **Tracer update time required** *(if known)* |  |

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| 1. **Finance/Funding details**
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| **Funding status** | Choose an item. |
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| **Funding body** |  |
| **Total amount awarded for delivering project** |  |
| **Total amount available for PET imaging** |  |
| **Amount allocated per PET scan** |  |
| **Radiotracer costs included in per scan rate**  | Yes[ ]  No [ ]  |
| **Budget holder for scanning funds (department/organisation)** |  |
| **Service Level Agreement (SLA contract) required for scanning?** *[If non-KHP recruiting/referring site, an SLA may be required for invoicing/governance]* | Yes[ ]  No [ ]   |

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| 1. **Data Governance/Handling**
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| **We expect that all Total-Body PET data acquired at the PET Centre will be made available for use by other researchers where possible –** **Please confirm that you are willing to share your data and that you will take necessary steps to enable this**  | Yes[ ]  No [ ] Additional comments:  |
| **Is an external Corelab/CRO centrally reviewing the PET Images (e.g., Invicro, Bioclinica etc.)**  | Yes[ ]  No [ ]   |
| **Imaging Manual available** *(if yes, please attach to email)* | Yes[ ]  No [ ]  |
| **Scanner accreditation/Phantom submission required** | Yes[ ]  No [ ]  |
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| **Radiographer protocol training required**  | Yes[ ]  No [ ]  |
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| **Uploading of scans for central review required**  | Yes[ ]  No [ ]  |
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| **PET scan data analysis input from Clinical PET Centre required** | Yes[ ]  No [ ]  |
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| **Any other comments** |
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