**PET Research Committee: Preliminary proposal form**

Please return forms to: [*Sheut-Ling.1.Lam@kcl.ac.uk*](mailto: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** | |
| **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. |
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| **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)** | |
| **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** | |
| **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** | |
| **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** | |
| **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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