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## Imaging CD/DVD Request

Please enter information below to request Research Study-related Imaging CDs/DVDs or images downloaded onto a USB. For any questions, please reach out to the Radiology Research Team at (904) 244-1257. Please email completed form to <u>mauricio.hernandez@jax.ufl.edu</u> and do not share PHI outside our organization.

## **Billing Information**

\*The images and DICOM viewer will be provided on CD/DVD or USB drive at a cost of US\$30 per patient, payable to "Radiology Research Team". The CD/DVD or USB will be patient-specific and can include one or more scans of multiple modalities.

Requesting Department: Patient MRN #: Patient Name: Scan description (ex. MR Abdomen w/ contrast) and Exam Date(s) requested – use one line per entry, separated by commas:

Imaging format: CD DVD USB (must provide)

**Contact Information** Contact Person: UF phone number / pager: Principal Investigator / Requesting Physician: UF phone number / pager:

**De-Identify Records:** Yes No

**Comments:**