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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 mauricio.hernandez@jax.ufl.edu and do not share PHI outside our organization.

 If funds are in a <u>Gainesville research acco</u> If funds are in a <u>Jacksonville cost center</u>, t 	unt, use UF M hey can be tra	arketplace a	rive at a cost of US\$30 per patient, payable to: and pay <u>UFJH Inc</u> "Dept. of Radiology Research" (ID 1003). the Radiology Research <u>PSA Account #27025</u> . and may contain one or more scans of multiple modalities
Patient Name:			
Scan description(s) (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 / Requestin UF phone number / pager:	ng Physicia	n:	
De-Identify Records: Yes	No		
Comments:			

Form revised on 03/10/2021