

RADIOLOGY RESEARCH

Request quote for non-routine services

Date Received:	Date Received: Date Quote Finalized:		Approximate Number of Patients:		Index number:	
Study (HRRC) Number	er: Department:		Dat	a Request N	Number:	
Study Title:						
PI:						
Research Coordinator	: Phone:	Email:		_		
Other Contact:	Phone:	hone: E		nail:		
Request Non-Routine	Services Summary:					
Fee Structure:	Gener	ral Servic	•••			
Complex Study Setup (e.g., protocol development, scanner qualification/certification, phantom studies, scheduling oversight, etc.)		\$100	one-time fee	# of scans	=	
Basic Study set up		\$100/scan	One-time fee		=	
De-Identification/Anonymization		\$25/scan	x number of sca	ins	=	
Data Transfer		\$25/scan	x number of sca	ins	=	
CD/DVD creation		\$25/scan	x number of sca	ins	=	
Site questionnaire acquisition		\$100/hour	x number of ho	urs	=	
Tumor measurements (e.g. RECIST 1.1, PERCIST, Cheson)		\$100	x number of sca	nns		
	RIP	L Service	S			
Data Storage	TBA	pending		=		
Image Processing						
1. Labor	\$65.00/hou		x number of hours ()			
2. Facility Usage	\$10.00/hou	r x number of ho	urs ()	=		
	ill depend on the size of the prin		1		Г	
Z18 MakerBot	Print Time	\$2.64/hour	x number of ho		=	
Replicator MakerBo		\$2.36/hour	x number of hor		=	
	Cost per gm	¢0.05/gm	x number of gm	ı´S	=	
			Total \$			

^{***}Disclaimer: Radiology Research has reviewed the documents submitted for this quote request and has provided the most accurate quote possible. However, if other work for this is necessary (e.g. forms to be completed, data transfer/CDs, time involving technologists, Radiologists, queries, or other procedures not outlined in the documents provided in the original quote request), additional fees may apply. ***