

Appendix 1
CT Equipment Checklist

STUDY NAME: _____

Site #: _____

Investigator's name: _____

1. Who is the primary CT contact person for your study site?

Name: _____

Address: _____

Phone: _____

Fax: _____

Email (please write in all caps): _____

2. Have you received and read the SOP and are you confident that you can follow the procedures outlined?

- A. Yes
- B. No

3. What type of CT scanner will be used?

4. How will you transfer the data to Tufts?

- a. On CD-ROM
- b. By Optical Disk (What type of disk? _____)
- c. DICOM (Electronic Transfer)

<p>Please return this form by fax to Andrea Desilets at (617) 636-3662 BEFORE PERFORMING ANY SCANS OR WHEN YOUR INFO CHANGES.</p>
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