



Imaging Core Imaging Site Survey Form

Personnel Contact Information

Clinical Center: _____

Imaging Site Name: _____

Site address: _____

Radiology Fax Number: _____

COPD Gene Coordinator: _____

Telephone _____ Email _____

Primary Radiologist: _____

Telephone _____ Email _____

Backup Radiologist: _____

Telephone _____ Email _____

Primary CT Technologist: _____

Telephone _____ Email _____

Backup CT Technologist: _____

Telephone _____ Email _____

Physicist: _____

Telephone _____ Email _____

PACS Supervisor: _____

Telephone _____ Email _____



Imaging Core Imaging Site Survey Form

CT Information: Please list each scanner separately

Number of CT scanners: 1 2 3 other _____

Scanner 1 ID # _____

Location/Room # _____

Scanner Manufacturer: GE, Siemens, Philips, other _____

CT Model or Name (e.g., Lightspeed, Sensation, etc.) _____

Number of detectors: 16, 40, 64, 128, other _____

Current Software Version: _____

Scanner 2 ID # _____

Location/Room # _____

Scanner Manufacturer: GE, Siemens, Philips, other _____

CT Model or Name (e.g., Lightspeed, Sensation, etc.) _____

Number of detectors: 4, 8, 16, 40, 64, other _____

Current Software Version: _____

Scanner 3 ID # _____

Location/Room # _____

Scanner Manufacturer: GE, Siemens, Philips, other _____

CT Model or Name (e.g., Lightspeed, Sensation, etc.) _____

Number of detectors: 16, 40, 64, 128, other _____

Current Software Version: _____

Scanner 4 ID # _____

Location/Room # _____

Scanner Manufacturer: GE, Siemens, Philips, other _____

CT Model or Name (e.g., Lightspeed, Sensation, etc.) _____

Number of detectors: 16, 40, 64, 128, other _____

Current Software Version: _____

Are there any planned upgrades or new scanner purchases within the next 4 years?

Yes No

If yes, please provide details: