

Center for Biomolecular Imaging



Electronic Transfer Confirmation and Charge Form

Request Date:		
Referring Physician:	Phone:	Email:
Department:		
Contact Name:	Phone:	Email:
Account # (27 digits) <i>Account - Fund - Department - Program- Class - Project/Grant</i>		
By signing below you attest that the patient has a signed Informed Consent for this scan to be transferred to the sponsor.		
Signature of Referring Physician or Contact:		Date:

Patient Name:	Patient ID:
DOB:	Date of Scan:
Modality(ies): <input type="checkbox"/> CT <input type="checkbox"/> MR <input type="checkbox"/> PET <input type="checkbox"/> Other	
Deidentified Patient Name:	Deidentified Patient ID:

<input type="checkbox"/> Burn to CD <input type="checkbox"/> Electronic Transfer to Reading Location
Electronic Transfer Instructions:

Please submit form by email to jtan@wfubmc.edu or fax to 336-716-3320.



To be Completed by CBI

Date Transfer Completed:	Completed by:
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