

3D Imaging Centre Clinical, Project and Data Request Form

Date of Request / /

Title _____ Name _____

Affiliation/Organisation _____

Department _____

Address _____

Postcode _____

Telephone (____) _____ Fax (____) _____

Email _____

Are you a student? **Yes** **No**

If YES

- what degree are you working towards?

- Name and contact details of your supervisor

If NO

- RCH – has your Executive Director approved this project? **Yes** **No**

Project details

- Title of the project _____

Provide a brief review of relevant literature and evidence to explain and justify the project
(please attach to this form)

- Aims of the project _____

- How many patients need to be imaged?

- What is the frequency of imaging for each patient?

- What is the expected duration of the project (eg. years/months)?

- Do you also require 2D photographs?

Yes **No**

- What 3D measurement information is required?

- Who are the co-investigators/collaborating departments/affiliated organisations

- Does the project require a statistician?

Yes **No**

- Where will the results be published/given?

Funding

Is this a funded research project?

Yes No

Was the 3D steering committee involved in the grant application?

Yes No

Have you received a cost estimate from ERC (RCH) for provision of images and data?

Yes No

Ethics

Has this project received ethics approval?

Yes No

If yes, from RCH? What is the HREC number?

Yes No

From another institution?

Yes No

If yes, which institution? _____

Data Request

Patient group of interest _____

Data/Information required _____

Have you approached ERC or the Plastic Surgery department for assistance?

Yes No

If yes, who? _____