



### Physician Authorization for Research PET

Participant Information	
Name:	
Date of birth (DOB):	
Medical record number (MRN):	
PET Study Information	
IRB Number:	
VUIIS Project ID (e.g., GOREJ_123):	
Radiotracer:	
Notes (e.g. dose specifications):	
Scheduled date & time:	
Ordering Physician	
Signature:	
Name (printed):	
Date:	

**Note:** This form is for PET studies performed at the **VUIIS Human Imaging Core ONLY**.