

# UBC-TRIUMF PET Imaging Centre



## Application for use of Human PET Imaging Resources at UBC

If assistance is required in filling this form or with the PET components of your ethics application please contact Elham Shahinfard ([elham.shahinfard@ubc.ca](mailto:elham.shahinfard@ubc.ca) 604-822-7605).

Completed forms should be sent to [pet.imaging@ubc.ca](mailto:pet.imaging@ubc.ca)

### Study Information

#### 1. Basic Information

Date: \_\_\_\_\_

Study Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

UBC Ethics Review Number (Please upload ethics application if complete): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

#### 2. Study Type:

Pilot – Identify sources of available funds: \_\_\_\_\_

Full Study – Identify the  funding source or  planned funding source: \_\_\_\_\_

#### 3. Collaborators

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Study Personnel:** Carefully read the document entitled “Responsibilities of Principal Investigators (PI) performing PET scans with the UBC PET group”. The document clearly defines the role of the study coordinator and the requirement for a medical doctor.

Indicate that you have read and understood this document:

Indicate who will fill the role of study coordinator.

Study Coordinator: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the medical doctor who will be on site (within the hospital) during imaging. This person must have approval to practice at UBC hospital.

Medical Doctor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

#### 5. Number of Subjects:

Total Number of Study Participants: \_\_\_\_\_ of which \_\_\_\_\_ are control subjects.  
 Who comprises your study population (e.g. subjects with Parkinson's disease)? \_\_\_\_\_  
 If applicable, please discuss any special considerations/care required by this population. \_\_\_\_\_

**6. Tracer Type:** Indicate the PET tracer(s) you are planning to use.

- |   |  |
|---|--|
| <input type="checkbox"/> RAC ([ <sup>11</sup> C]-raclopride)                                | <input type="checkbox"/> MP ([ <sup>11</sup> C]-d-threo-methylphenidate) |
| <input type="checkbox"/> FDG (2-[ <sup>18</sup> F]-fluoro-2-deoxy-D-glucose)                | <input type="checkbox"/> FD or DOPA ([ <sup>18</sup> F]-6-fluoro-L-dopa) |
| <input type="checkbox"/> TBZ ((±)-α-[ <sup>11</sup> C]-dihydrotetrabenazine)                | <input type="checkbox"/> MET ([ <sup>11</sup> C]methionine)              |
| <input type="checkbox"/> (+)TBZ ((+)-α-[ <sup>11</sup> C]-dihydrotetrabenazine)             | <input type="checkbox"/> FMT (6-[ <sup>18</sup> F]fluoro-L-m-tyrosine)   |
| <input type="checkbox"/> PMP ([ <sup>11</sup> C]methylpiperidin-4-yl propionate)            | <input type="checkbox"/> Setoperone ([ <sup>18</sup> F]setoperone)       |
| <input type="checkbox"/> PIB ([ <sup>11</sup> C]Pittsburgh Compound-B)                      | <input type="checkbox"/> PK11195 ([ <sup>11</sup> C]-PK11195)            |
| <input type="checkbox"/> Schering ([ <sup>11</sup> C]-Schering 23390)                       | <input type="checkbox"/> Carfentanil ([ <sup>11</sup> C]carfentanil)     |
| <input type="checkbox"/> FLT ([ <sup>18</sup> F]-3'-fluoro-3'-deoxy-L-thymidine)            | <input type="checkbox"/> FMISO ([ <sup>18</sup> F]fluoromisonidazole)    |
| <input type="checkbox"/> FHBG (9-(4- <sup>18</sup> F-Fluoro-3-[hydroxymethyl]butyl)guanine) | <input type="checkbox"/> MDL100917                                       |

If the tracer you intend to use is not listed above, please indicate it here: \_\_\_\_\_

Will blood sampling be required with any of these tracers?  Yes  No

**7. Required Scans per Subject:** For each tracer please indicate the number of scans required *per subject*.

<u>Tracer Type</u>	<u># of Deliveries/Subject</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**8. Scanner:** Indicate the PET scanner to be used in this study.

- Siemens High Resolution Research Scanner (HRRT)  
 GE Advance

**9. Study Timeline:**

Requested Start Date: \_\_\_\_\_

Requested End Date: \_\_\_\_\_

Scanning Protocol: Indicate the scanning protocol for a single scan (e.g. Day 1: 2xRAC with LDOPA intervention 30 minutes prior to second RAC scan, Day 2: 1xDTBZ).

**10. Additional Support:** Select any additional support your study requires.

- Data Analysis  
 Computer Task during Scan Session  
 Blood Metabolite Analysis

- Drug Intervention  
 Blood Glucose Measurement  
Other: \_\_\_\_\_

**10. Pilot Data:**

If this is a pilot study, what is the purpose of collecting pilot data? (e.g. grant application)

**11. Additional Information:** Use this space to include any extra relevant information.

## **Project Abstract**

**1. Project Abstract:** Provide a short summary detailing the background and research goals of the proposed project. Explain how PET will enhance the information that can be obtained from other techniques. Use no more than one page for this information.

**2. Summary of PET Procedures:** Outline the protocols specific to the PET imaging portion of the project. Assistance with this section can be obtained from staff members in the PET group.