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| **RResearch**  **Office** | **Research Radiology and Imaging Proforma** |  |

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| RO Reference No: |  | | | | | Radiology Reference No: | | | |  | | |
| **Part A: To be completed by Principal Investigator** | | | | | | | | | | | | |
| Project Title | Association between diet, body composition and physical function in older adults: a pilot study. | | | | | | | | | | | |
| Lead local investigator |  | | | | Address | | |  | | | | |
| Tel | | |  | | | | |
| Email | | |  | | | | |
| Co-ordinating Centre |  | | | | Address | | |  | | | | |
| Tel | | |  | | | | |
| Email | | |  | | | | |
| **Lead Site? YES / NO** | | | | | | | | | | | | |
| **Details of research exposures** | | | | | | | | | | | | |
| **Procedure** | **Standard** | | | **Additional for research** | | | | | **Total** | | **Additional information** | |
| Main site | Local site | | Main site | | | Local site | |
|  |  |  | |  | | |  | |  | |  | |
|  |  |  | |  | | |  | |  | |  | |
|  |  |  | |  | | |  | |  | |  | |
| **Is an ARSAC certificate required for this study?** | | | | | | | | | **YES / NO** | | | |
| Signature of Investigator | | |  | | | | | | Date | | |  |

**Part B: To be completed by IRMER Practitioner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IRMER Practitioner (X-rays)** | | | |  | |
| 1. The Protocol can be adhered to at this site | | | | YES / NO | |
| 2. Any additional exposures have been identified in the Ethics application and approved by the Ethics committee | | | | YES / NO | |
| 3. The additional exposures are justified having regard to IRMER | | | | YES / NO | |
| Protocol accepted? | | | | YES / NO | |
| If NO please state reason for rejection: | | | | | |
| Title |  | Name |  | Surname |  |
| Address |  | | | | |
| Tel |  | FAX |  | Email |  |
| Signature of IRMER Practitioner | |  | | Date |  |

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**Part C: To be completed by Local Medical Physics Expert**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Physics Expert (X-Rays)** | | | | | |  |
| 1. The Protocol can be performed at this site within the dose made by the lead MPE | | | | | | YES / NO |
| 2. The local dose per examination will not exceed the maximum exposure estimated in the REC application | | | | | | YES / NO |
| 3. The approved PIS accurately reflects the additional radiation and risk to which local participants will be exposed. | | | | | | YES / NO |
| Protocol accepted? | | | | | | YES / NO |
| If NO please state reason for rejection: | | | | | | |
| Title |  | Name |  | Surname |  | |
| Address |  | | | | | |
| Tel |  | FAX |  | Email |  | |
| Signature of Medical Physics Expert | |  | | Date |  | |

|  |  |
| --- | --- |
| **The dose constraint and / or target dose for IRMER purposes is:** |  |

**Documents to accompany this form**

|  |  |  |  |
| --- | --- | --- | --- |
| Document checklist | | | |
| * Protocol |  | Date: | **YES / NO** |
| * Patient Information Sheet and consent form |  | Date: | **YES / NO** |
| * Copy of dose and risk assessment, completed by main site | | Date: | **YES / NO** |
| * IRAS application form | | | **YES / NO** |
| * ARSAC application form | | | **YES / NO** |