

**ACRIN 6689 Imaging Transmittal Worksheet**  
 RANDOMIZED, PHASE II, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF  
 CONVENTIONAL CHEMORADIATION AND ADJUVANT TEMOZOLOMIDE PLUS CEDIRANIB  
 VERSUS CONVENTIONAL CHEMORADIATION AND ADJUVANT TEMOZOLOMIDE PLUS  
 PLACEBO IN PATIENTS WITH NEWLY DIAGNOSED GLIOBLASTOMA

**Instructions:** Imaging exams should be submitted to the ACRIN-Image Management Center after each time-point/visit. A completed, signed Image Transmittal Worksheet MUST accompany all imaging exams submitted to ACRIN for each time-point. For exams submitted via the internet, complete this worksheet and e-mail to [aopanowski@acr-arrrs.org](mailto:aopanowski@acr-arrrs.org) or fax to 215-923-1737. For exams submitted via media, complete this worksheet and include with the media shipment. Please affix a label to the jacket of the media to include: study name, site name, and case no., date of exam, time point, and type of imaging.

**\*Reminder for PET imaging:** All PET exams should contain three trans-axial whole body series, attenuated and non-attenuated corrected PET and the CT images.

For further information or questions contact the Image Management Center at ACRIN.

**Section I: Image Data Demographics**

ACRIN Site Number: <input style="width: 100%;" type="text"/>	ACRIN Case Number: <input style="width: 100%;" type="text"/>
Patient DOB: <input style="width: 100%;" type="text"/>	Study Date <input style="width: 100%;" type="text"/>
Patient Initials <input style="width: 100%;" type="text"/> First M Last	

**Image Submission:**

- FLT PET Scan     
  PET Technical Assessment Form (TA)     
  (EX) FLT Administration Form  
 Blood Sampling Form     
  Cross-Calibration Spreadsheet     
  Other \_\_\_\_\_

**Section II: Time point being submitted**

- Imaging Time Point 0 FLT PET Scan     
  Imaging Time Point 1 FLT PET Scan     
  Imaging Time Point 3 FLT PET Scan

**Section III: PET Scanner**

Image from an ACRIN Approved Scanner?     Yes     No    Record Scanner Model and Station:

Type of Scanner:     PET/CT     PET only     PET/MRI

Institution Comments:

Form Completed By:	Phone:	Email:	Date:
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**ACRIN Image Management Center**  
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