

National Center for Tumor Diseases (NCT)

Partner site Dresden

NCT/UCC Dresden – Use Imaging Platform

Title of the project**Short description of the project and its relation to oncology****User***First Name, Surname, Degree, Institution, Postal Address, Telephone, Email***Collaborating departments***First Name, Surname, Degree, Department, Institution*

No.	Supervisor / Supporting PI
1	
2	

Required equipment PET-MRI CT Ultrasound**Type of examination** with intravenous contrast agent
 static dynamic multiple whole-body

PET-Tracer (if applicable): _____

Period and**Number of Examinations**

MM.YYYY – MM.YYYY

XXX

Funding by NCT? Yes No

If no, other funding available?

Number of approval by the Ethics committee (if applicable)_____
Signature PI of the study