



**University of Pittsburgh  
PET Facility Resource Availability Agreement**

Title of Protocol:

Principal Investigator:

Funding Source:

Projected Start date:

Planned End date:

Number of participants to be scanned:

Number of scan sessions per participant: (i.e. baseline, 24 month, etc.):

Name of Radiopharmaceutical(s) / drug to be used:

**Email completed form to:**

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