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| Request Details: | | | |
| Date Requested: Click or tap to enter a date. | | | |
| OnCore Protocol No.: | **Study Short Title:** | | |
| Principal Investigator: | | **Email:** | **Phone:** |
| Study Team Contact: | | **Email:** | **Phone:** |
| OCR Contact: | | **Email:** | **Phone:** |
| Eligible Participant Age Range: | |  |  |

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| **Protocol-defined Imaging Requirements:** |
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| **Protocol Procedure Name** | **Research/SOC Protocol** | **Procedure Description** |
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**Additional comments from OCR Coverage Analysis and Budget Team:**

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| **Procedure Coding [Radiology Department]** | | | | |
| **Procedure Name** | **CPT Code** | **Epic Chargeable EAP Code** | **Epic Orderable IMG Code** | **Epic Performable IMG Code** |
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**Additional special instructions from Radiology Coding contact(s):**

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