

CHARGEBACK SHEET

						CHARC	JEDACK 3	ПЕСІ	
		NORC CT	RS CORE	- IMAGING SEF	RVICES				
Core Director:	Ellen Schur	Phone:		206-543-8433		Date:			
Services Contact Name:	Susan Melhorn	Phone:		206-616-3984		Service Provider:	Ellen Schur		
UW Mailbox:	358062	Email:		ellschur@u.washing	gton.edu				
	-								
		SECTION 1	- TO BE FILL	ED BY SERVICE REQU	ESTER				
UW NORC Affiliate Investigator (AI):				Name of AI:					
Non-UW NORC Affiliate Investigator (Non- AI):				Name of Non-AI:					
Requester Contact Info:				Fiscal/Grant Info:					
Service Requester's Name (if different from Al/Non-Al):				Budget Number for Billing:					
Address/UW Mailbox:				Budget Name:					
Phone:				Grant Title:					
Email:				Project Title					
				(if different than Gr					
Technical/Fiscal Cor	ntact Name:			Grant Number:					
Address/UW Mailbox:				IACUC/IRB Approva					
Phone:			IACUC/IRB Approval date/s:						
Email:				IACUC/IRB PI:					
		SECTION 2	- TO BE FIL	LED BY SERVICE PROV	VIDER				
	Services Preform	ed		Unit Price	Uni	t (Quantity	Subtotal	
Consultative Service	es			•	·	·			
Initial Consultation				\$0	Hr			\$0	
Protocol Implement	tation Services								
New project Set-up				\$48	per study	per study		\$0	
Body Composition Analysis (DXA)				\$51	per scan	per scan		\$0	
Bone Mineral Content (DXA)			\$51	per scan	er scan		\$0		
Hepatic fat package'	*			\$59	per scan	per scan		\$0	
Hepatic fat Analysis only				\$37	45 min/s	can		\$0	
Visceral fat package	*			\$34	per scan			\$0	
Visceral fat Analys	is only			\$12	15 min/s	s min/scan		\$0	
Abdominal fat package*				\$46	per scan			\$0	
Abdominal fat Analysis only				\$24	30 min/s	can		\$0	
Hepatic and abdominal fat package*				\$83	per scan			\$0	
Hepatic and abdominal fat Analysis only				\$61	75 min/s	scan		\$0	
Quantitative T2 brain imaging package*				\$34	per scan			\$0	
Quantitative T2 brain imaging - analysis only				\$12	15 min/s			\$0	
Image acquisition hourly*				\$22	per hour			\$0	
Processing and Statisical Analysis of imaging data				\$49	per hour			\$0	
Data Storage Fee				\$5	per scan			\$0	
				Total:				\$0	
Service Dates (One	Time / Several Sets)	nd Species:							

Service Date/s:					
# of Subjects:					
# of Scans					
Total Period of Performance :					
Estimated Use and Comments:					

IMPORTANT NOTE:

*BMIC rates apply on top of NORC rates and includes scan, MRI tech salary.

Please submit chargeback sheet to: UWNORC@uw.edu