



## Dicommunicator PACS Questionnaire

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Does your institution currently have PACS (Picture Archiving & Communication Systems) capabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **YES**, please answer the following questions:

Please specify the PACS system manufacturer/make (i.e. GE, Siemens, Agfa). \_\_\_\_\_

Do you have PACS and internet capabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have PACS and email capabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have PACS and CD burner capabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is the Radiologist that will be providing the imaging support for COG protocol patients?

Radiologist Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Who is the Network (PACS) Administrator?

Administrator Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

If **NO**, please answer the following questions:

Does your institution plan on implementing a PACS (Picture Archiving & Communication System)?

Yes \_\_\_\_\_ No \_\_\_\_\_

What manufacturer/make will be used? \_\_\_\_\_

When do you anticipate that the system will be operational? \_\_\_\_\_

Please return to:

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