



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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