



"CLAIMANT COPY" No: 00001 /20__

STUDY CLAIM FORM

University Malaya Research Imaging Centre

Name of claimant (cheque address to) : <small>e.g. Name of radiographer involved</small>				Date:																																													
Role:				Tel:																																													
Project Title:																																																	
Grant Holder Name:				Grant Code:																																													
Time/Validity of Grant:																																																	
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Modalities</th> <th style="padding: 5px;">Types of Examination</th> <th style="padding: 5px;">Film</th> <th style="padding: 5px;">CD</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">General Radiography</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">CT Scan</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">MRI</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Mammogram</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Ultrasound</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Nuclear Medicine</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Angiography</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Others</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">CD only</td><td></td><td></td><td></td></tr> <tr><td style="padding: 5px;">Total</td><td></td><td></td><td></td></tr> </tbody> </table>				Modalities	Types of Examination	Film	CD	General Radiography				CT Scan				MRI				Mammogram				Ultrasound				Nuclear Medicine				Angiography				Others				CD only				Total				Details of examination: <i>(Please include a list number of patients/subjects involved including RN)</i>	
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Cost (RM) = _____																																																	

*extra charges for study requires more than 1 cd