**Consortium for Implementation of PSMA-PET in Prostate Cancer therapy Trials (Co-IMPACT) – center application form**

Date:

Name and address of the center

Names and Email address of at least two contact persons of the center:

Projects of interest including patient numbers and DICOM sharing

|  |  |  |
| --- | --- | --- |
| **Project** | **Participation (yes vs no) and number of patients in case of yes** | **DICOM of PET/CT or PET/MR data shared (yes vs no)** |
| Co-IMPACT 1 |  |  |
| Co-IMPACT 2 |  |  |
| Co-IMPACT 3 |  |  |
| Co-IMPACT 4 |  |  |

Data transfer agreement needed (and if so, please state the approx. duration until completion)

Please state previous references affecting Co-IMPACT related topics (in case your center published >3, please state the 3 most important ones):