**Metric Request:**

Patient Name:

MRN:

Date of Scan:

Scans needing metrics: (CT, MR, PET)

UAB PI and Study #:

Disease/Diagnosis:

IRB#:

Baseline: yes or no

\*What is the date of Baseline?

\*If the patient changes studies please indicate if you are using prior measurements as baseline or if you need new Targets in a new baseline report.