



**Stanford**  
**MEDICINE**

**TRAC Report**

*by 3D & Quantitative Imaging Lab*

**Tumor • Response • Assessment by • Criteria**

**Patient Name:** \_\_\_\_\_

**MRN:** \_\_\_\_\_

**Trial/Protocol  
Name:** \_\_\_\_\_

**Criteria:** \_\_\_\_\_

**PTA Account #:**

**IRB #:**

**PI Name:**

**Stanford or Outside Scan (if outside, please attach report):**

**Study Phase:**

**Clinical Trials.gov Identifier:**

**Location of Primary tumor:**

**Choose Request:** B/L or Follow-Up

**Date(s) of Assessment**

**From Baseline:** \_\_\_\_\_

**Time Sensitive:**            **If yes, date needed:**

**When did the study start:**

**Comments:**

---

*Point of Contact: Research Coordinators*