PET scanning request form

Cromwell Hospital

All sections of this form must be fully completed, and emailed to: pet.ct@cromwellhospital.com

PET Scanning dept telephone 020 7460 5542/5541 PET Scanning email: pet.ct@cromwellhospital.com

PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL
All sections of this form must be fully completed

Appointment:

Date Time

Referring Consultant

Report / CD to

Patient details: Place sticker here

Name

DOB

MRN Sex

Pregnant

LMP Patient Signature

Is the patient diabetic?

If yes, how is this managed? Diet / Tablets / Insulin

PATIENT TO BRING PREVIOUS X-RAYS OR SCANS

Information required for compliance with the Ionising Radiation (Medical Exposure) Regulations IRMER and good practice for all Diagnostic Imaging.

PLEASE COMPLETE ALL SECTIONS OF THIS REQUEST FORM. INCOMPLETE FORMS WILL BE RETURNED.

PET/CT Scan - includes low dose CT imaging

CLINICAL INFORMATION:

ADDITIONAL Diagnostic CT scan WITH CONTRAST required? Y N If so, what areas?__________________

CT Imaging only

Protocoled by/no Date

IR(ME)R Practitioner Date

Operator Date

Dose: CTDI vol: mGy DLP: mGy/cm

DATE AND SITE OF:

LAST CHEMOTHERAPY

NEXT CHEMOTHERAPY

RECENT RADIOTHERAPY

RECENT BIOPSY

RECENT SURGERY

IR(ME)R Practitioner Date

(Under ARSAC)

Operator Date

Referring Clinician Signature

Signature Date

PET scanning request form

Cromwell Hospital

Guidance Notes for Referrers

In accordance with the Ionising Radiation (Medical Exposures) Regulation IRMER, the Cromwell Hospital Radiology Department would like to make all Referrers aware of the following Guidelines:

Referrals:

- A request for a Radiological Examination will be regarded as a request from one Clinician or Health Professional to the Radiology Department for an opinion based upon a radiological examination to assist in the management of a clinical problem.
- Diagnostic Imaging or radiological procedures will only be performed upon a written request signed by a Registered Medical or Dental Practitioner or by an authorised Non-Medical Practitioner.
- Signed referrals (request form or letter) must precede or accompany the patient. Signed electronic copies are also accepted.
- All requests must carry sufficient information to identify the patient. This normally consists of first name, middle name if any, and family name, date of birth and address.
- All requests must carry sufficient clinical information to enable the requested examination to be justified. Referral criteria are based on the Royal College of Radiologists' Guidelines - "Making the best use of a Department of Clinical Radiology: Guidelines for Doctors".
- All requests shall clearly state the examination requested.
- All requests must include contact details of the Referring Clinician including address and telephone number.

Patients of Child bearing potential

- All requests for X-ray examinations for patients of childbearing potential must state the date of the first day of the patient's menstrual period.

Clinical Justification of Requests:

- All requests for imaging must be justified prior to exposure by the appropriate Practitioner for the examination to ensure that they meet with The Royal College of Radiologists' Guidelines and any local Guidelines and that, in their professional judgement, they are clinically justified (Royal College of Radiologists Publication: BCFR(00)5).