

PET scanning request form

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 Referring Consultant Report / CD to		Patient details: Name DOB MRN Sex Place sticker here	
Pregnant LMP Patient Signature		PATIENT TO BRING PREVIOUS X-RAYS OR SCANS	
Is the patient diabetic? If yes, how is this managed? Diet / Tablets / Insulin			
<i>Information required for compliance with the Ionising Radiation (Medical Exposure) Regulations IRMER and good practice for all Diagnostic Imaging.</i> PLEASE COMPLETE <u>ALL</u> 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? <input type="checkbox"/> Y <input type="checkbox"/> N If so, what areas? _____			
		CT Imaging only Protooled by/no IR(ME)R Practitioner Operator Dose: CTDI vol: mGy DLP: mGy/cm Date Date Date	
DATE AND SITE OF: LAST CHEMOTHERAPY RECENT RADIOTHERAPY RECENT SURGERY NEXT CHEMOTHERAPY RECENT BIOPSY			
IR(ME)R Practitioner (Under ARSAC) Operator Date Date		Referring Clinician Signature Signature Date	

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.
- It is mandated under the IRMER regulations that all requests must cite 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).

Access to iRefer

- iRefer is the essential radiological investigation guidelines tool from the The Royal College of Radiologists (RCR) which helps referrers determine the most appropriate imaging investigation or intervention for patients. Access to iRefer and more information on referral processes is available to all IR(ME)R Referrers making requests to the Cromwell Hospital. Visit: <https://www.irefer.org.uk/> to find out more information.
- If you would like access please contact: pet.ct@cromwellhospital.com

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