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.con							spital.com			
PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL All sections of this form must be fully completed										
Appointme	nt:			Patient det	ails:	Place stick	ker here			
Date	Time			Name						
Referring Consultant			DOB							
Report / CD to			MRN Sex							
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										
	quired for compliance with the Ionis		n (Medical F	xposure) Regu	lations IRMER and go	ood practice for all Dia	anostic Imaging			
PLEASE COMPLETE <u>ALL</u> SECTIONS OF THIS REQUEST FORM. INCOMPLETE FORMS WILL BE RETURNED. PET/CT Scan - includes low dose CT imaging										
		,								
	IFORMATION:									
					If an unleast array	-2				
ADDITIONA	L Diagnostic CT scan WITH C	ONTRAST	requirea		lf so, what area	IS?				
				CT Imaging of		Data				
				Protocoled b		Date				
				IR(ME)R Practitioner Date						
				Operator		Date				
				Dose: C1	TDI vol: r	mGy DLP:	mGy/cm			
DATE AND	SITE OF:									
LAST CHEMOTHERAPY				NEXT CHEMOTHERAPY						
RECENT RA	DIOTHERAPY		RECENT BIOPSY							
RECENT SURGERY										
				Referring Clinician Signature						
IR(ME)R Practitioner Date				Signature Date						
(Under ARSAC)			_							
Operator Date			 The correct patient details have been given The examination has been discussed with patient 							
			 The possibility of pregnancy has been taken into account Sufficient clinical information has been supplied for justification according to 							
				IR(ME)R 2000 • There are no known contraindications						
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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

Ref	NMCP 4.52	Version	4	Date of Issue	March 2024
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