

Imaging Request Form

FOR IMAGING USE ONLY

Please fax completed form to +44 (0)20 7259 0138
For enquiries, call +44 (0)20 7730 3759
Preferred site for Imaging tests:

PATIENT DETAILS		IMAGING APPOINTMENT DETAILS	
TITLE	SURNAME	DATE	TIME
FORENAME		REFERRING DOCTOR	
DoB	HOSP NO	ADDRESS FOR RESULTS	
ADDRESS		TEL NO	FAX NO
POSTCODE	TEL NO	NEXT APPOINTMENT WITH DR	
EXAMINATION(S) REQUIRED			
CLINICAL INDICATION What clinical question do you require answering? DR'S SIGNATURE _____ DATE _____ <small>Examinations cannot be performed without sufficient relevant clinical information and a doctor's signature in line with the Ionising Radiation (Medical Exposures) Regulations 2000</small>			
FOR FEMALES (12 - 55 YRS) Could you be pregnant?(please tick) NO YES			
SIGNED		DATE	DATE OF LMP
MRI Does the patient have any of the following contraindications? (please tick) HISTORY OF INTRAORBITAL FB INTRACRANIAL CLIPS PACEMAKER PROSTHETIC HEART VALVE PREGNANCY		IV CONTRAST (Iodine or Gadolinium) All patients need to have their renal function measured prior to administration of IV contrast. We can only administer IV contrast to patients if their renal function has a calculated eGFR above 30mL/min/m2. Please confirm that IV contrast can be administered to your patient. (please tick) NO YES DR'S SIGNATURE _____ DATE _____	
JUSTIFIED BY		BARIUM ENEMAS, MRI BOWEL STUDIES & CT PNEUMOCOLON EXAMINATIONS We routinely administer Kleanprep or Picolax bowel preparation for these examinations. Please confirm that it is suitable for this patient. (please tick) NO YES	
RADIOGRAPHER		DR'S SIGNATURE _____ DATE _____	
DATE		DATE	
PROTOCOLED BY		DATE	



Guidance Notes for Referrers

The Lister Radiology Department would like all referrers to be aware of the following guidelines that are in accordance with the **Ionising Radiation (Medical Exposures) Regulations 2000**.

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
- Referrals (request form or letter) must precede or accompany the patient. Faxes are 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

Females of Childbearing Age (12 - 55 years)

- All requests for x-ray examinations (between the diaphragm and the knees) for females of childbearing age (12-55 yrs) must state the date of the first day of the patient's menstrual period

Clinical Justification of Requests

- All requests for imaging will be assessed 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 Radiologist Publication: BFCR (00)5*)

