

Instruction for use NHSGGC Imaging Request fillable pdf.

Please **DO NOT** use this form if you have access to NHSGGC Trakcare.

When opening in Adobe Acrobat reader select the 'Fill & Sign' option which you can access via one of the red arrows shown.

Diagnostic Imaging Request Form

Referring Hospital: []

NHS Greater Glasgow and Clyde

* The Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R require you to complete all this information accurately.
Information about departments in NHSGGC can be found at: <https://www.nhs.uk/about-us/professional-support-sites>
Select Diagnostic Services for Radiology Imaging or Nuclear Medicine as appropriate.

CHI: [] M ☐ F ☐
Surname: [] First Name(s): []
Address: []
Postcode: [] DoB: []
Mobile: [] Phone: (day and evening): []

Investigation(s) requested: []

Pregnancy Rule
Observe: ☐ Ignore: ☐
a. Is there any possibility that the patient could be pregnant - ☐ yes ☐ no
b. What was the date of the patients LMP: []
c. Is the patient breastfeeding ☐ yes ☐ no

Patient Details
Inpatient ☐ Outpatient ☐
Private patient ☐ Yes ☐ No
Research study details: []

Please complete for all outpatients
Is this a New Diagnosis? ☐
Is this a Planned Procedure? ☐
Result required by MDT/Clinic on: []
Date: []

Tracked patient?
YES ☐ NO ☐

Transport
Trolley: ☐ Chair: ☐
Oxygen: ☐ Drip: ☐
Escort Required: ☐ Wheelchair used: ☐

a. Does the patient weigh over 18 stone (115kg) ☐ yes ☐ no
b. Does the patient require oxygen [] litres ☐ yes ☐ no
c. Does the patient suffer from incontinence ☐ yes ☐ no

AT RISK
Translator Y ☐ N ☐ Language [] BSL ☐
MRSA: ☐ C Diff: ☐
Specify: []

Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2017):
What is the clinical question?
[]

Fill in as much information as possible.

You must fill in the section marked Referrer's signature with your electronic signature

Fill & Sign

Sign

For malignancy please include site and stage of disease, biopsy/histology sites and results. For PET/CT include treatment dates and management plan if PET/CT is not available.

IV Contrast, CT, PET-CT, IVU/Intervention Patients
For contrast studies a recent eGFR is mandatory.
Also required for nuclear medicine GFR measurement
Current eGFR: [] Date of result: []

OR

This patient has no risk factors and can proceed to contrast medium without eGFR.
Initials: []

MRI patients
Please indicate if patient has any of the following:

	Yes	No
A cardiac pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>
Surgery in the last 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm clipped/treated?	<input type="checkbox"/>	<input type="checkbox"/>
Metal fragments in eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Previous cranial surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Any metal in the body?	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>

For interventions a coagulation screen is required in certain scenarios
For any interventions:
Is your patient on anticoagulants: Yes ☐ No ☐ Current INR/coagulation score: []

Nuclear Medicine Patients
a. Is the patient on medication that may inhibit thyroid uptake e.g. thyroxine, amiodarone ☐ yes ☐ no
b. Does the patient have pulmonary hypertension ☐ yes ☐ no ☐ Don't know
c. Does the patient suffer from a intrapulmonary or intracardiac shunt ☐ yes ☐ no

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2017)
• I certify that the correct patient details have been given
• I have taken into account the possibility of pregnancy
• I have given sufficient information for the request to be justified according to IR(ME)R 2017
• I know of no contraindication to performing the examination or intervention I have requested

Referrer's signature: []

Referrer Name:	Referrer Registration number GMC/NMC/HCPC:	Contact phone:	Contact email:
Consultant responsible:	Consultant's GMC number:	Phone if different:	Email if different:

This can be done by clicking 'Sign' shown with the arrow above. If you have not used this facility before you can add your electronic signature (you'll need it in a picture format) but if you have previously uploaded your signature it will be there.

Finally use the 'Save as' feature to save the file with an appropriate name. Doing this locks the request from editing and allows the electronic signature to be validated.

Please remember this is a legal document and must be signed by you not someone else – do not share your electronic signature with others. If these instructions are not followed the request will be invalid.