Diagnostic	Imaging	<b>Request Form</b>
J	<u> </u>	

Referring Hospital:

* The Ionising Radiation (Medical Exp nformation about departments in NHSGGC can b select Diagnostic Services for Radiology Imaging o	pe found at: https://www.nhsggc.org.ul	k/about-us/professional-sup	oport-sites			
CHI:			Inve	stigation(s) requested:		
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				Vhat was the date of the patients		
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Patient Details	Please complete for		Tracked patient	? Transport		
Inpatient     Outpatient	□ Is this a New Dia	-		Trolley     Chair		
Private patient  Yes No	□ Is this a Planned		] YES	Oxygen  Drip		
Research study details:	Result required by I	MDT/Clinic on:	] NO	Escort Required Whee	lchair used	
	Date:					
a. Does the patient weigh over 18 s						
b. Does the patient require oxygen				Language	🗆 BSL	
c. Does the patient suffer from inco	ontinence 🗆 yes			Diff		
		Specify:				
<b>Clinical summary</b> (to include indicat What is the clinical question?	tion and purpose of examination	on/intervention under	TR(ME)R 2017)	):		
, i S ,	, , ,	. FFor PET/CT include treatm	ent dates and mana	αement plan if PET/CT is not available.		
For malignancy please include site and stage of d IV Contrast, CT, PET-CT, IVU/Interv For contrast studies a recent eGFR is	disease, biopsy/histology sites and results. vention Patients mandatory.	This pati risk facto proceed	ent has no ors and can to contrast	gement plan if PET/CT is not available. MRI patients Please indicate if patient has an following:	y of the	
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