

* The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R require you to complete all this information accurately. **Shaded Areas are for imaging department use. Incomplete/ illegible forms may be returned. Please read overleaf prior to completion.**

Hosp.no	CHI:	Referring Consultant/GP:	Appointments:
Surname:		Ward/Clinic/Practice:	
First name(s)	M/F		
Address:	DoB:	Phone (day and evening):	
Postcode:			

Investigation(s) requested:	Please complete for all outpatients Is this a New Diagnosis? <input type="checkbox"/> Tracked patient? Is this a Planned Procedure? <input type="checkbox"/> YES <input type="checkbox"/> Result required by MDT/Clinic on: NO <input type="checkbox"/> Date:
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Clinical summary (to include indication and purpose of examination/intervention under IR(ME)R 2000*): What is the clinical question? (Please PRINT boldly in black ink)	IR(ME)R Justification: Initials: <input style="width: 50px;" type="text"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Date received: <input style="width: 100px;" type="text"/> Preparation: Fast: Full bladder: Laxative: Oral contrast: No prep: Urgency: Initials:
Examination protocol	
Please indicate any previous surgery or history of malignancy?	

TO BE COMPLETED BY REFERRING CLINICIAN

Safety information required for all patients requiring IV or IA contrast medium CT/MRI/DSA/IVU/ Intervention For contrast studies a recent eGFR is mandatory . (See note 4 overleaf). Current eGFR: <input style="width: 50px;" type="text"/> Date of result: <input style="width: 50px;" type="text"/> OR ▶ This patient has no risk factors and can proceed to contrast medium without eGFR. Initials:	Additional information for MRI patients Please indicate if patient has any of the following: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>A cardiac pacemaker?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Surgery in the last 8 weeks?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Aneurysm clipped/treated?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Metal fragments in eyes?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Previous cranial surgery?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Any metal in the body?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Claustrophobia?</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>		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"/>
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Is your patient diabetic? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, does your patient take metformin ? (see note 5 overleaf) Yes <input type="checkbox"/> No <input type="checkbox"/> Has your patient had a contrast medium injection before? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your patient have a known contrast medium allergy? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your patient have severe or multiple allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your patient have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>																									
For interventions a coagulation screen is required in certain scenarios – see overleaf for details. For any interventions (see note 7 overleaf): Is your patient on anticoagulants: Yes <input type="checkbox"/> No <input type="checkbox"/> Current INR/coagulation score:																									

Pregnancy Rule	AT RISK	Transport GP/Out-patients	Transport/In-patients
Observe: .. <input type="checkbox"/>	MRSA: <input type="checkbox"/>	Walking with assistance (suitable for hospital car) <input type="checkbox"/>	Trolley: <input type="checkbox"/> Chair: <input type="checkbox"/>
Ignore: <input type="checkbox"/>	C Diff: <input type="checkbox"/>	Uses own wheelchair <input type="checkbox"/>	Oxygen: ... <input type="checkbox"/> Drip: <input type="checkbox"/>
	Specify:	Stretcher <input type="checkbox"/>	
		Escort required (must have medical need) <input type="checkbox"/>	

Referrer's declaration: (NB: This form is a legal document under Ionising Radiation Medical Exposure Regulations 2000)

- I certify that the correct patient details have been given
- I have discussed the examination requested above with the patient, his/her parent or guardian
- 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 2000
- I will ensure that the results of the examination are recorded in the patient's notes
- I know of no contraindication to performing the examination or intervention I have requested

Referrer's signature:	Name:	Designation:	Phone/Pager:	Date:

Guidance Notes for Completion

1. Ionising Radiation (Medical Exposure) Regulations 2000

The entitled referring clinician must supply adequate clinical information such that the request for exposure to ionising radiation can be 'justified' as being 'of net benefit to the patient'. The reference opinion for referral criteria is "Making the Best Use of a Department of Clinical Radiology" (sixth edition), published by the Royal College of Radiologists. This is available in wards and on the hospital Intranet. If in any doubt, refer to this publication before requesting a procedure or contact a radiologist. It is an offence to conduct a radiological examination that has not been justified and/or authorised under IR(ME)R. Incomplete request forms will be returned to the sender.

2. Pregnancy

Every effort must be made to avoid unknowingly irradiating a definite or possible pregnancy. Please complete the Pregnancy Rule box overleaf. Normally, if there is a possibility that your patient may be pregnant, and if the examination involves ionising radiation no appointment will be made until confirmation is received that the patient is not pregnant.

3. Hospital acquired infection

To minimise the risk of spread of hospital acquired infection, the referring clinician must complete the box overleaf. Generally such patients are examined at the end of a list to avoid cross-infection. Failure to complete the details overleaf may lead to your patient being returned to the ward and being reappointed at the end of the list.

4. Renal function

Contrast media can be nephrotoxic – if there is a known renal impairment, diabetes heart failure or gout, a recent eGFR is mandatory i.e. within 3 months.

5. Metformin

There is a potential risk of Lactic Acidosis: If the eGFR < 60mls/minute, any decision to stop the Metformin for 48 hours should be made in consultation with the referring clinic.

6. Nephrogenic Systemic Fibrosis

This rare and potentially fatal condition may be triggered following intravenous Gadolinium in patients with renal impairment. It is important to quote the eGFR in all MR requests as any unexpected finding may involve contrast medium injection.

7. Invasive procedures

A coagulation screen is required for any liver intervention e.g. biopsy/PTC/TIPSS, presence of sepsis e.g. nephrostomy in presence of leucocytosis/positive blood culture etc, anti-thrombotic drugs or positive bleeding history. The need to 'correct' a coagulopathy and timing of discontinuation of anti-thrombotic drugs will depend on the degree of abnormality, the nature/necessity/urgency of the procedure and the individual radiologist. Discussion with interventional radiologist is recommended if further clarification is required.

8. Appointments

Please advise the patient they will be offered the first available appointment, which may not be at their local hospital.

9. Ambulance transport

The Radiology Department cannot arrange ambulance transport unless the details requested overleaf are completed accurately.

<p>Radiographer use only:</p> <p>ID checked (as EP7) by:</p> <p>Exam performed by:</p> <p>Comments:</p>	<p>Room:</p> <p>kV:</p> <p>mAs:</p> <p>Screening time:</p> <p>Radiation dose:</p>	<p>CONFIDENTIAL</p> <p>For Women of Childbearing age:</p> <p>Every effort must be made to avoid unknowingly irradiating a definite or possible pregnancy.</p> <p>Date of first day of last period:</p> <p>Is there any possibility you have become pregnant since then?</p> <p>Are you on the oral contraceptive?</p> <p>Signature of patient:</p> <p>Date:</p>
<p>Contrast Medium:</p> <p>Batch:</p>		