PET scanning request form



	of this form must be fully com	<u> </u>	nd emailed		<u> </u>				
PET Scannir	ng dept telephone 020 7460 5	PET Scanning email: pet.ct@cromwellhospital.com							
	PLEASE BRING THIS All sec				OU ATTEND THE Illy completed	HOSPITAL			
Appointmer	nt:			Patient det	tails:	Place stic	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									
Information re	quired for compliance with the lonis	ing Radiatio	n (Medical E	xposure) Regu	llations IRMER and go	ood practice for all Dia	agnostic Imaging.		
PLE	ASE COMPLETE <u>ALL</u> SECTIO	NS OF THI	S REQUES	ST FORM. IN	ICOMPLETE FORM	1S WILL BE RETU	RNED.		
PET/CT Scan - includes low dose CT imaging									
CLINICAL INFORMATION:									
ADDITIONAL Diagnostic CT scan WITH CONTRAST required? Y N If so, what areas?									
				CT Imaging	only				
				Protocoled by/no Date					
				IR(ME)R Practitioner Date					
				Operator		Date			
				Dose: C	TDI vol:	mGy DLP:	mGy/cm		
DATE AND	SITE OF:								
LAST CHEM	OTHERAPY			NEXT CHEMOTHERAPY					
RECENT RA	DIOTHERAPY			RECENT BIOPSY					
RECENT SU	RGERY								
			Referring Clinician Signature						
IR(ME)R Practitioner Date				Signature Date					
(Under ARSAC)			The correct patient details have been given The examination has been discussed with patient						
Operator Date									
			 The possibility of pregnancy has been taken into account Sufficient clinical information has been supplied for justification according to 						
				IR(ME)R 200 • There are no	known contraindication	ns			
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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

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