|  |
| --- |
| *\*Study name/ R&D number \** |
| **\*CT Scan type\*** |
| **Radiologist**: **Nurse:** |
| **History** |  |
| **Patient Prep**  | * Confirm patient ID – EP-7
* Check pregnancy status – EP-8
 |
| **Contra Indications** |  |
| **Patient Position/Centre** |  | Centre:  |
| **IV Contrast**  |  | Injection: |
| Rate: | Cannula size:  |
| **Scan Technique:** (*if specific parameters are required please complete 51.033 appendix 1 CT parameters)***Reconstructions:** |
| **Images to PACS****(All set to Auto Send)** | * Dose Report
 |
| **Archiving** |  |
| **MPE DRL** |  |
| **Local DRL** |  |

|  |
| --- |
| *\*Study Name & R&D Number\** |
| **\*MRI Scan type \*** |
| **Radiologist**: **Clinician:**  |
| **Patient Prep**  | * Confirm patient ID – EP-7
* Check pregnancy status – EP-8
 |
| **Equipment** | \*Coils to be used\* | Centre: |
| **IV Contrast**  | \*Type and volume of contrast and flow rate\* |
| **Study Paper work** |  |
| *If specific sequence parameters are required please complete 51.033 appendix 1 MRI sequence parameters* |
| **Images to PACS** |  |
| **Archiving** |  |