|  |  |  |  |
| --- | --- | --- | --- |
| *\*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** | |  | |