

DATE: _____

CCIR#: _____

HRPO#: _____

mMRD# / MRD# : _____

Procedure Assessment Form (PAF)

Last Name		First Name		Middle Initial
Date of Birth	Sex	Weight _____ lbs.	Height _____ ft _____ in.	
Circle one: Adult Pediatric Phantom Other _____				
Subject ID:		Scan ID :		
Dictation Requested (circle): NO YES		Registration# :		
MRN#	ACC#:	CPT Code:		
PI NAME/Pager:		COORDINATOR NAME/Pager:		

Research / SOC: (Mark one below) Modality (EPIC scanner IDs)

<input type="checkbox"/> Research WITHOUT Epic <input type="checkbox"/> Research WITH Epic <input type="checkbox"/> Standard of Care <input type="checkbox"/> SOC + _____min Research	<input type="checkbox"/> Biograph PET-CT <input type="checkbox"/> VISION PET-CT <input type="checkbox"/> PET-CT (BJH CIRPCT) <input type="checkbox"/> CT Only (BJH CIRPCT) <input type="checkbox"/> 3.0T Prisma MRI (CIRMR2) <input type="checkbox"/> 3.0T VIDA MRI (CIRMR1)	<input type="checkbox"/> Siemens Biograph mMR (PET/MR) <input type="checkbox"/> Dual mode (CIR3PT) <input type="checkbox"/> Single mode (Mark one below) <input type="checkbox"/> PET Only (CIRPT) <input type="checkbox"/> MRI Only (CIR3T)
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START TIME: _____ **END TIME:** _____

Additional Resources

Invasive procedure/tests <input type="checkbox"/> IV: _____g angio Location: _____ <input type="checkbox"/> i-stat= _____mg/dl @ _____ <input type="checkbox"/> Creatinine= _____mg/dl Date: _____ <input type="checkbox"/> eGFR= _____ <input type="checkbox"/> Glucose= _____mg/dl @ _____ <input type="checkbox"/> HCG= _____@ _____ N/A Lot#: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parking <input type="checkbox"/> Valet <input type="checkbox"/> N/A	Injection/Medication <input type="checkbox"/> Contrast: _____cc (circle) • Dotarem Multihance • Other: _____ Time of injection: _____ <input type="checkbox"/> RaPh tracer: _____mCi @ _____ By: _____ <input type="checkbox"/> Receive/return package (tech): _____	Other Services <input type="checkbox"/> Nursing/Technologist _____ <input type="checkbox"/> ftp _____: _____ Pull data from project folder in CNDA <input type="checkbox"/> Room: _____ <input type="checkbox"/> Data transfer: EPIC: _____ CNDA images: _____
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Technologist Check List and Comments

Docs with ALL Scans: _____ Consent _____ Med/Allergy List _____ HCG / N/A

Docs with MRI/CT Scans: _____ MRI Screen / N/A _____ CT Contrast Questionnaire / N/A

_____ Contrast Info: Received - Refused - In-Patient - N/A _____ Creat/GFR checked/ N/A

Docs with PET scans: _____ PETDoc Sign - N/A _____ QC - N/A

Technologist Signature: _____ **Date:** _____

Name: _____